

# The Journal

OF THE

## Michigan State Medical Society

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## Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XV

GRAND RAPIDS, MICHIGAN, SEPTEMBER, 1916

No. 9

### Original Articles

#### A REVIEW OF MEDICINE AND SURGERY, WITH ESPECIAL REFERENCE TO THE EUROPEAN WAR.\*

A. W. HORNBOKEN, M.D.  
MARQUETTE, MICH.

Before proceeding to give you a brief survey of the salient points in the field of medicine and surgery in the last year as gleaned from reading the literature, permit me to thank you for the distinguished honor you conferred upon me last year in electing me President of this Society. To be elevated to this position is an honor of which any man should feel proud.

In the last two years an enormous medical and surgical literature has grown up, so that no one can review it without referring to the terrible conflict between the nations which is now convulsing Europe.

#### TYPHOID FEVER.

In the first place, let me touch briefly on typhoid vaccination. To protect against infection with typhoid, the value of subcutaneous injections of dead typhoid bacilli has been well established. The occurrence of typhoid among troops in the field, during the present war, who had received protective inoculations will undoubtedly determine this fact beyond any question. From a study of accurate observations in hundreds of thousands of cases Harris and Ogan<sup>1</sup> believe there is no doubt as to the protection offered by antityphoid vaccination in all but a relatively insignificant few. Sir Frederick Treves is credited with the statement that "Since the beginning of the war there have been only 421 cases of typhoid fever among the British troops; 305 were in men who were not inoculated. There have been thirty-five deaths. Of these deaths, thirty-four were men who had not been inoculated within two years. Only

one death occurred among soldiers who were inoculated, and that man had only been inoculated once."

Krumbhar and Richardson<sup>2</sup> have collected and tabulated reports of over 1800 cases of typhoid fever treated by the subcutaneous injection of typhoid bacilli. Ninety-five per cent. of these cases showed favorable results, thirty-five of the thirty-nine observers consider the use of vaccines a useful therapeutic measure.

Concerning typhus fever, a knowledge of the etiology and means of transmission of typhus fever has already brought about marvelous results in preventing and wiping out the disease after it had apparently become firmly established in extensive epidemic form. When the medical history of the present war is written, there will probably be no brighter page than that upon which is inscribed the record of American physicians and nurses in Serbia in eradicating this disease.

#### GUNSHOT WOUNDS IN THE PRESENT WAR.

In a review of this subject<sup>3</sup> Dr. Louis A. LaGarde points out that military surgery has never before held the important place with the medical profession that it does at this time.

Infection of gunshot wounds and wounds in general has been exceedingly prevalent during the present war. Generally the infection is caused by the bacillus of Nicolaier or that of Welch, accompanied by streptococci and staphylococci. Fleming believes that the staphylococcus albus favors the development of the bacillus of Welch and promotes the incidence of gas gangrene.

First aid treatment at the front is not receiving much favor, but it would seem that if the skin were first sterilized with tincture of iodine, half strength, much more favorable results would be obtained. Those familiar with the widespread infection in contused and lacerated gunshot wounds have never advocated the use of a skin disinfectant and a first aid dressing with the hope of removing the deep-seated in-

\*President's Address, delivered 51st Annual Meeting M.S.M.S. held at Houghton, August 15, 16 and 17, 1916.

1. Journal American Medical Association, Jan. 2, 1915.

2. American Journal of Medical Sciences, March, 1915.

3. Surgery, Gyn. and Ob., May, 1916.



fection. The chief difficulty in the care of war wounds is the inability of the military surgeon to control environment. In civil practice every facility is at hand at once, while in war time it is hours and often days before the case can be brought under control for proper care and treatment, and during this time infection often spreads and becomes systemic.

As to the management of grave wounds with bone involvement there seems to be two schools, one prompted by the teachings of Sir W. W. Cheyne<sup>4</sup> and the other by Sir Almroth E. Wright. Cheyne believes that these infections are easily controlled by the stronger antiseptics, such as pure carbolic acid or some of its stronger dilutions. He states that the hopeless view of some surgeons of removing infection from this class of cases "is probably founded on experiments by LaGarde and others carried out a good many years ago."

Wright is very much in accord with the views entertained by most surgeons. He believes that a projectile carrying infection, filth, etc., into the wound "will implant them far beyond the reach of any prophylactic application of antiseptics." He advocates the use of early and free drainage; lymph lavage by the use of fermentations which induce active hyperemia. In addition, he employs a hypertonic irrigating fluid composed of 0.5 per cent. of citrate of soda and a 5 per cent. solution of salt.

Dakin and Carrel<sup>5</sup> have advocated the use of a new antiseptic which is made by mixing solutions of sodium carbonate and chlorinated lime. This solution is filtered, and to the clear liquid boric acid is added to slight acidity. The reports from the use of this antiseptic are very encouraging.

Tuffier, consulting surgeon to the French armies in the field, divides the cases of gas gangrene due to the Welch bacillus, into two clinical varieties: (1) hyperacute gangrene, which spreads with great rapidity and ends fatally within twenty-four hours, a variety which is beyond the control of the surgeon; (2) a superficial gaseous gangrene which spreads in the cellular tissue under the skin and is amenable to treatment when early and free incisions are made to relieve the constriction.

Shock is naturally among the more important symptoms of gunshot wounds. Tuffier recommends the use of morphia hypodermatically in the treatment of shock, and attention may also be called to the splendid results obtained in the

Russo-Japanese War from the use of the following hypodermatically:

Camphor ..... 1 part  
Ether ..... 4.5 parts  
Olive oil..... .4 part

Incision and excision. As a new feature of treatment, Milligan and others have obtained good results, in specially selected cases, by excising the infected and devitalized tissues and then suturing the wound.

Hemorrhage. External primary hemorrhage is seldom seen in the present war. It is naturally controlled by ligation and constriction at the front. Secondary hemorrhage, however, is more common because of the prevalence of infection. In aseptic cases Tuffier applies ligatures to both ends of the injured vessels in the wound, while in the infected cases he ligates the artery on the proximal side in healthy tissue. Arterial and arterio-venous aneurysms are best treated by longitudinal suture. Spontaneous cure is not uncommon. Treatment of aneurismal varix and varicose aneurism is the same as that of other forms of traumatic aneurism; i.e. rest in bed, immobilization, etc. The operative treatment depends on the vessel affected and the amount of disturbance present.

In all head cases, especially the minor ones, careful examination should be made for any disturbance of cerebral function. This is especially true of the tangential shots with the new rifle bullet, as it is very prone to fracture the inner table without mutilating the outer table.

Roberts<sup>6</sup> recommends excision of the scalp wound beyond the contused area. When fracture is discovered and lacerated brain tissue is found the spots should be explored, all foreign matter including bone fragments removed and the wound closed with or without drainage. Urotropin (gr. xx., t. i. d.) should be given in all head cases from the date of admission. In penetrating wounds of the head this treatment is applicable to the wounds of entrance and exit.

Wounds of the chest, since the adoption of the new military rifle, were classed as humane until the introduction of the spitze or pointed bullet in the Turko-Balkan War of 1912. Increased use of shrapnel has also caused a great increase in the mortality in this class of cases. Wounds from the shrapnel are likened to those due to the old armament used in the Civil and Crimean wars when the mortality was rated from 62.5 to 91.6 per cent. The principal dangers in chest wounds are complications, such as pneumothorax, hemothorax, and infection.

4. *Lancet*, London, Feb. 27, 1915.

5. *Jour. A.M.A.*, Sept. 4, 1915.

6. *Brit. Med. Jour.*, Oct. 2, 1915.



Pus should be evacuated as soon as discovered. Hemothorax, unless large, needs no operative interference.

The greater use of shrapnel and pointing of the rifle bullet have increased the mortality of abdominal wounds. Many observers comment on the relative scarcity of abdominal wounds in the field hospitals, the inference being that the large majority of this class of wounded do not live long enough to reach the field hospitals.

The introduction of the unstable pointed bullet and the greater use of field artillery has increased the severity of this class of wounds as compared to those caused by the ogival-headed bullet. In seventeen cases of gunshot wounds of the knee in the Santiago campaign by ogival-headed reduced caliber bullets, there were neither deaths nor amputations and 81.1 per cent. were restored to duty.

Tuffier finds that rifle bullet wounds of the knee-joint usually heal kindly, but injuries of this class caused by shrapnel or shell fragments are prone to suppurate and undergo ankylosis after prolonged convalescence. He prefers resection of the joint to amputation because reamputation of other secondary operation was necessary in 10 per cent. of the cases observed.

Gunshot fractures of the long bones. In these fractures the three prime requisites are drainage, immobilization and frequent re-dressings. In this, as in all other wars, infection in fractures consumes the most of the surgeons' time, and it is pretty constant in bone injuries.

In Belgium and Northern France, the scene of Bowlby's<sup>7</sup> recent military experience, the terrain is thickly inhabited by a population devoted to agricultural pursuits and the raising of live stock. The climate is damp, and sunshine is as rare as cloudy days are in Africa. The soil is necessarily a prolific incubator for all kinds of aerobic and anerobic microbes. Contamination of gunshot wounds in soldiers wearing clothing laden with the dust and mud from such a terrain is the rule. Another factor which has prevailed in the present war to add to the frequency of infection in gunshot wounds is the wide difference in characteristic features of the wounds themselves. In a general way the wounds in the South African War were much less severe. They were inflicted by ogival-headed bullets in the large majority of cases, at battle ranges which approximated half a mile. The bullet was well balanced and generally made a regular impact. Wounds in the soft parts, the joints of bones, and lungs were very

infrequent in the Boer War, and less severe than those which occur in the trench fighting in the present war.

Wounds by shrapnel bullets are not so extensive; they more frequently lodge, and they are often multiple. The wounds caused by high explosive shell fragments, bombs, and grenades are so varied that it is not possible to describe any of them as a type. They are all ragged and lacerated. The large fragments tear away limbs or huge masses of skin and muscle. The neighboring tissues show widespread contusion and extravasation of blood. Wounds by smaller shell fragment and from bombs and grenades are lacerated in proportion to the size of the fragment and they are nearly always multiple. The wounds in this war stand out very distinctly as a class by themselves among war wounds and they have none of the features of the wounds inflicted in civil life.

All gunshot wounds in this war are infected at the time of the receipt of the injury, fecal microbes and streptococi being the chief offenders. The method of treatment of infection recommended by Sir Almroth E. Wright is also preferred by Bowlby. Wright's references to the bacterial flora of war wounds follow closely the findings of Fleming and others. The anaerobes attack devitalized tissue by preference. "The more severe and extensive the injury, and the more tissues are lacerated and devitalized, the more the wound is likely to be badly infected."

The treatment of advanced sepsis in wounds is best met by prolonged immersion in an antiseptic fluid whenever this is possible, or constant irrigation with saline or antiseptic fluids. The saline hypertonic treatment finds its greatest use before the separation of the slough, and up to the time that a granulating surface has appeared. The subsequent use of nitrate of silver and sulphate of zinc is advisable. The hypochlorous acid treatment, as advocated by Dakin and Carrel is a most important advance in wound treatment, more especially when used in recent wounds, before suppuration has occurred, and it has to a great extent displaced all other forms of treatment in many of the casualty clearing stations. It is believed to have prevented or arrested the progress of gas gangrene in many instances.

The antiseptic developed by Dr. Dakin, and tried out in a thoroughly convincing manner at the Carrel Hospital, is an aqueous solution of 0.5 per cent. concentration of sodium hypochlorite and is made as follows: Dissolve in a large bottle 140 grams of dry carbonate of soda

7. London Lancet, Dec. 15, 1915.

with ten liters of sterile water. Add to this 200 grams of chlorid of lime (bleaching powder) and shake well. After half an hour siphon off the clear fluid into another bottle through a cotton plug or filter paper and then add forty grams of boric acid to the clear filtrate. This solution is neutral to litmus, is nonirritating and is the proper strength for wet dressings and irrigations. A stronger stock solution of 4 per cent. may be made, but the quantity of boric acid to be added must be determined exactly, so that the solution is just acid to phenolphthalein suspended in water; otherwise the solution decomposes very quickly. The solution should be made fresh every three or four days, and the dry stock ingredients should be kept in covered receptacles. Besides its proven efficiency, another point worthy of consideration is that this solution can be made up, even in small amounts, at a cost of only about 5 cents for ten liters.

Dalton<sup>8</sup> says the results obtained by the use of sodium hypochlorite in the present war have been so remarkably satisfactory that he believes it should be the method of choice. The advantages observed from the use of sodium hypochlorite solution in the treatment of septic wounds are: 1. The simplicity and cheapness of preparation of the antiseptic. 2. Being non-toxic and non-irritating to the tissues, when properly prepared according to Dakin's formula, the hypochlorite solution may be safely used in large quantities over long periods of time without ill effects. 3. The deodorant action of the solution is remarkable. The fetor from gangrenous tissue usually disappears in twenty-four hours. 4. The rapidity with which sloughs separate and clean granulation tissue is formed in a wound under its influence. 5. The infrequency of re-dressing required by cases treated with hypochlorite compared with the constant change of dressings required in large wounds with other forms of antiseptics. 6. The fact that injections of the hypochlorite solution into rubber tubes used in the dressings may with safety be entrusted to very imperfectly trained orderlies without fear of ill results, once the case has been adequately dealt with by the surgeon.

Gray<sup>9</sup> cites the following general considerations governing the use of salt solutions: 1. The solution must be brought into contact with every infected part of the wound. 2. Hypertonic solutions stimulate a more or less profuse flow of lymph containing antibodies, and

thus bring about what has been called "lymph lavage" of the tissues lining the wound. 3. Isotonic or physiological salt solution stimulates diapedesis, that is to say, it brings about a concentration of leucocytes in these tissues. These phagocytes are in large measure shed into the wound cavity and form pus corpuscles. 4. The microorganisms causing the infection make their way into the tissues lining the wound in a few hours. The rapidity and depth of penetration vary according to the kind of organism, the amount of devitalization of the tissues, and the method of treatment. 5. The infective material is carried by the missile into the depths of the wound; any superficial treatment is therefore of no practical benefit, except in preventing fresh infection. 6. The presence of effused fluids, whether blood or lymph, of foreign bodies, and of badly lacerated or necrotic tissues, favors the rapid growth of organisms in the wound and hinders their expulsion from it. 7. Wounds deteriorate in condition, and inflammation may become rampant, especially during transport, if the wounded part be not properly fixed and supported, even though no fracture be present. 8. A patient whose vitality is very low, owing to the severity both of the wound and sepsis, is unlikely to fight serious infection successfully and to survive a conservative operation and the strain which after-treatment involves. The question of amputation must therefore occupy a far more prominent place in the mind of the surgeon than it does in civil practice. 9. The method of treatment must therefore vary according to the nature of the chief infecting organisms, the physical character of the wound, the general condition of the patient, and according to whether or not he is to be transported within a short time.

At the base hospitals the occasions for transfusion are practically limited to cases of secondary hemorrhage or cases of severe wasting sepsis. For this operation a simple and convenient apparatus for vein-to-vein transfusion appears to be desirable, and these conditions are fulfilled by the apparatus devised by Dr. Vincent.

One of the surgical advances of the present war has been the recognition of the dentist as a necessary unit in the organization of a military hospital. This has been largely brought about by the present day trench warfare. The latter leads to the production of a large number of face or jaw wounds, involving usually a great loss of substance, in the form of bone, teeth, and soft parts. So valuable has this work become that every large military hospital now has its surgical dental department, which works

8. British Medical Journal, Jan. 22, 1916.

9. Brit. M. J., 1916, 1, 1.

in conjunction with the other surgical services and supplements certain procedures which are indispensable as regards bringing about a favorable result.

There can be no question of the value of placing the teeth in order, as shown by the improved digestion and general good health following this work; but the great usefulness of a dental department to every hospital has only been recently generally recognized. In many instances the complications following operations are directly traceable to an unhealthy condition of the mouth. So true is that that the careful surgeon is beginning to insist upon a thorough inspection and treatment of the teeth, whenever it is practicable, before undertaking any major operative procedure.

The history of all field surgery so far has been that radical operations performed near the firing lines or field hospital have greatly increased the mortality of war surgery. The cases thus treated have to be retained and are subject to the necessarily meager after-treatment and attention or are transported to a base hospital a few hours after operation; in either case the resisting power of the patient being considerably lowered as a result. In addition to this, the usually hurried character of the work is not conducive to efficiency in connection with prolonged or complicated operations nor are the conditions in field hospital work ideal with reference to carrying out aseptic operations or the preventing of infection during the after-treatment.

As in all other military sanitary formations, iodine, preceded by benzine or alcohol, is universally used in the preparation of the skin and wound for operation. The wounds are thoroughly cleaned out with alcohol, ragged tissue removed, but no effort is made to search for foreign bodies, only such pieces of clothing and metal being removed as can be easily seen and reached. A number of these units are beginning to use the Dakin fluid for moist temporary dressings, and reports indicate that it is giving satisfactory results.

Ritschl<sup>10</sup> has formulated twelve rules or commandments which are posted in the German field hospitals and circulated broadcast throughout the country. They contain the following instructions as to the prevention of residual deformities. 1. Rest in general is detrimental to the function of joints and muscles. 2. Importance of medico-mechanical after-treatment. 3. Restrict rest to the minimum of time, and even then change the posi-

tion of joints frequently. 4. Massage and electricity. 5. Special care of deltoid and quadriceps femoris muscles. 6. Suggestion for the best position for each individual joint. 7. Do not allow the hand to drop when the arm rests in a sling. 8. Preserve mobility of fingers by active motion. 9. Respiratory exercises. 10. For interstitial hematoma, elevation, heat and massage. 11. Insist on consultation. 12. Pay special attention to the mechanics of the after-treatment.

Cheyne, Bassett-Smith and Edmunds were appointed as a committee by the Director-General of the Medical Department of the Navy, in December, 1914, to inquire into the best method of treating wounds sustained in action, especially during the early period after their infliction. Among other things, they state<sup>11</sup> that when the patient arrives at the advanced dressing station, the treatment depends on circumstances: 1. If a large number of wounded have to be attended to, patients who have been treated in the above manner can wait, unless a good many hours have elapsed since the injury. 2. If it is a large or complicated wound, e. g., a compound fracture, it will be well in the first place to clean and disinfect the skin, preferably with one in twenty carbolic lotion, then wash out the wound with peroxid of hydrogen and again one in twenty carbolic lotion, remove pieces of clothing or accessible pieces of shell, clip away any badly soiled tags of tissue and arrest the bleeding. The wound being dried and held open, it can then be powdered with borsal and some cresol paste left in various parts of the wound. If it is widely open it may be well to put in a few interrupted sutures to bring the edges somewhat together and prevent the escape of the antiseptic, and finally apply antiseptic dressings. 3. If it is not a large wound, if the clot seems solid and it has been well powdered and plenty of paste introduced into it in the first instance, it is quite possible that sepsis may not occur and if that seems likely all that need be done would be to squeeze a little fresh paste and dust some borsal powder over the surface and the skin around and apply a fresh antiseptic dressing. These wounds will probably not require further treatment until they arrive at the base hospital.

Should the wound be free from sepsis or inflammation on arrival at the base hospital, it should not be opened up or syringed or otherwise interfered with. Some fresh paste, diluted if necessary, may be applied over the surface and the skin and a fresh antiseptic dressing

10. Deutsche Med. Woch., Jan. 28, 1915.

11. Jour. Roy. Naval M. Service, 1915, April.



put on. If, on the other hand, there are signs of sepsis the wound must be opened and drained, and otherwise treated according to the experience of the surgeon.

Tuffier<sup>12</sup> emphasizes the importance of early disinfection of wounds. Of 1,000 amputations, 75 per cent. were due to the long duration of the treatment of wounds and their late complications, such as neuritis, osteitis, and vicious scars. Disinfection after the first forty-eight hours is practically impossible, but disinfection within the first few hours is very effective.

The number of bacteria in a wound and their diffusion through the tissues are in proportion to the length of time that has passed since the wound was made. As early as the Russo-Turkish War of 1877, Reyher showed that in injury of the joint there was a mortality of only 13 per cent. in the cases treated during the first twelve hours, while among those treated later the mortality was 61.5 per cent. The same thing was true of compound fractures, the mortality rising after the first twelve hours from 18.1 to 35.5 per cent.

#### OPERATIVE TREATMENT OF THE ABDOMINAL WOUNDS IN WAR.

Enderlen and Sauerbruch<sup>13</sup> recommend prompt operative interference in abdominal wounds involving the gastrointestinal tract. They treated 227 soldiers for gunshot wounds of the abdomen. They operated on 211; of these 92.9 per cent. exhibited gastrointestinal perforation; in 4.8 per cent. there was no intestinal nor visceral lesion, while 2.2 per cent. suffered severe injury to the liver. Operative treatment cured 44.4 per cent. of the 221 operated upon. Of the five cases sustaining injury to the liver, three or 60 per cent. recovered under operation.

Concerning the difficulty of determining abdominal perforation early, the authors call attention to costal respiration which they consider of the greatest importance in determining the presence of intestinal lesion. Prompt operation is called for when the surgeon has reason to believe that hemorrhage is taking place.

Richards<sup>14</sup> points out that death in uncomplicated cases of gunshot wounds of the small intestine is not usually due to the escape of feces and general peritonitis, but to a progressive intestinal paralysis and distention spreading upward from the injured coil. Operation in such a case should include the resection of the injured portion together with as much

bowel above it as would otherwise remain in a condition of paralysis. If this be done sufficiently early, there is a prospect of saving a fair proportion of cases.

In a review of gunshot wounds of the chest in the present war LaGarde<sup>15</sup> states that in a group of 168 cases made up of mild and severe cases, there were twenty-seven in which the lung was wounded without evidence of effusion. The hemothorax was sterile in 114 cases and forty-eight of these were so large—generally forty ounces or more—that they had to be treated by aspiration. Death occurred in twenty-six cases with effusion, and twenty of these deaths resulted from sepsis. One died on the third day as the result of simple hemorrhage of the lungs. There were forty-eight septic as against 120 effusions, of which forty-eight were large.

In another group of 160 cases of hemothorax, in which only the severe cases were recorded, only five cases of simple wound of the lung without effusion were noted. The hemothorax was sterile in eighty-six cases, and of these forty-one were aspirated. There were fifty-three cases which survived after resection. There were twenty-one deaths and the effusion was septic in sixteen of these. Again, there was only one death from simple hemothorax which was complicated by a wound of the heart. The aggregate was sixty-nine septic as against ninety-one sterile effusions of which forty-one were large.

A study of the two groups referred to shows that infection was present in one-third of the cases recorded and the large effusions were just as often septic as sterile. The chance of infection has to be considered in every case of hemothorax. The authors whom LaGarde quotes believe therefore that the wounded men should be moved, as soon as possible after the danger from hemorrhage has passed, to a station where the infection can be promptly dealt with.

The following interesting summary is given by the authors: 1. The total mortality of chest wounds reaching hospital care was 10 per cent. 2. Simple hemorrhage never causes death after the third day. Sepsis is the principal cause of mortality from this time onward. 3. Primary infection occurs in 25 per cent. of the effusions and it is fatal in one-third of the cases. 4. A sterile hemothorax should be emptied by aspiration except when it is of small size. 5. Infection should be suspected in all cases which are not progressing favorably after the fourth day. If it cannot be diagnosed with

12. Bull. Acad. de Med., Par., 1915, LXXIV, 314.

13. Med. Klin., Berl., 1915, XI, No. 30.

14. Brit. M. J., 1915, II, 213.

15. Surg. Gyn. and Ob., March, 1916.

certainty on clinical features alone; a sample of the fluid withdrawn should be examined bacteriologically. 6. A hemothorax fluid which looks red and innocent may nevertheless be heavily infected. 7. The chest should be opened as soon as possible in all cases of infected hemothorax. 8. The signs of air as well as blood in the chest may be caused by foul gas evolved in the course of an infection by anerobic bacilli. Immediate resection is then required.

Sir John Rose Bradford<sup>16</sup> who has studied many hundreds of cases of thoracic injuries among the wounded in France, details his experience. The larger part of the article is devoted to hemothorax. This may follow a non-penetrating or a penetrating injury. In the former variety, the hemothorax is not markedly different from the common variety, is usually of small size and not uncommonly is infected. In penetrating wounds, hemothorax may result when the wound is not in the chest itself, but in the neck, arm or upper abdomen, and further it may occur on the opposite side of the body. Double hemothorax is not uncommon and may go on to recovery. Subcutaneous emphysema is often present. In a series of 450 cases of hemothorax, about 25 per cent. was infected.

*Sterile hemothorax.*—Hemotysis is present in a large number of cases but is only very rarely fatal. Fever is almost always present, usually not higher than 102°; but if expectant treatment is pursued this may continue indefinitely. If, however, the fluid is aspirated, many of the cases become at once afebrile and go on to convalescence. The second group, however, even after paracentesis, may continue to run temperature suggesting infection, when the cultures are all sterile. Such cases, however, gradually come down to normal after a few weeks and get well. In the first twelve to twenty-four hours after injury, well marked physical signs are absent, even if very marked symptoms are present. Displacement of the heart may be found, with signs denoting poor entry of air into the chest, but the percussion note is not markedly dull. Twenty-four hours later, however, typical signs of effusion are present. If the fluid is not aspirated marked retraction develops.

*Knee Joint.*—Lockwood<sup>17</sup> bases his observations upon a study of sixty cases. The most important points in connection with such wounds are the following: 1. That all foreign bodies, whether metal or loose bone, should be removed from the knee joint at the earliest

possible moment. 2. Perfect immobilization is absolutely necessary. Do not start passive movements too early; wait at least three weeks after the inflammation has subsided. 3. Absolute complete excision of all necrotic or even edematous tissue. 4. The capsule should be closed at the first operation if at all possible. 5. Antiseptics, except sterilized solution and formalin should not be introduced into a joint. 6. Tubes should never traverse the joint surface as in Barnard's method. 7. Patients should not be moved till one is satisfied that infection has been successfully combated.

There was only one death. Amputation was necessary only three times, and free movement of the joint was obtained in forty-nine of the cases.

Leslie<sup>18</sup> calls attention to the gases used in the European War which consist mainly of chlorine and occasionally bromine. The gas is projected from cylinder tubes, and being heavier than air, it floats along the ground. The main effect of the gas is to produce an acute irritation of the respiratory mucous membrane which may be fatal at once or may result in later complications. The complications which arise are edema of the lungs, acute laryngitis and bronchitis, broncho-pneumonia, gangrene of the lung, or distant lesions resulting from changes in the blood. Gangrene of the feet has resulted. Kidney irritation is common, and disorders of the nervous system result frequently.

Kirchenberger,<sup>19</sup> in dealing with shot-wounds of the skull emphasizes special points regarding how to operate in the cases. In general avoid all unnecessary trauma. Thus local anesthesia is to be preferred in every case. One of the cocain preparations with the combination of adrenalin obviates the necessity of using hemostatic sutures. Scopolamin, otherwise recommendable, should not be used because it increases blood pressure. In tangential shot-wounds it is only necessary to enlarge the wound slightly; in penetrating wounds the incision should connect the point of entry and exit. Extensive osteoplastic flaps are never necessary nor is it necessary to separate an extensive surface of the periosteum in case underlying bone need be removed. The object of this simplified technic is to save unnecessary shock, unnecessary chances of bone necrosis, prolonged operation and many assistants.

The second point emphasized is concerning transportation, which the author insists should

16. The Lancet, Jan. 29, 1916.

17. Brit. Med. Jour., Jan. 29, 1916.

18. Am. Med., 1915, X, 875.

19. Commander of the Field Hospital, Muenchener Medizinische Wochenschrift, Jan. 25, 1916.

be done as soon and as rapidly as possible, immediately after receiving the skull injury. The soldier should be at once taken to the surgical hospital and there permitted to rest for at least fourteen days. Many cases with unconsciousness, wake up after several days of rest and improve in the most unexpected fashion and go on to improvement and even recovery, while operated cases that have the advantage of absolute rest sometimes surprise the surgeon in the way they improve from an almost hopeless condition. Under no circumstances should a freshly operated patient be subjected to a prolonged transportation. This is dangerous.

Kausch<sup>20</sup> says the majority of military surgeons at present hold that gunshot injuries should be operated on in the trench warfare if they are received in the first eight to twelve hours, if they can be operated on under aseptic conditions, and if operating upon them does not necessitate putting off other more hopeful cases, but most surgeons advise against operation when the armies are advancing or retreating. This was the position taken at the Congress of Military Surgeons in Brussels. Only Enderlen and Sauerbruch advised operation while the armies were in motion.

Kausch has worked in Belgium, France, Galicia, and Russian Poland, so that he has had experience under the most varied conditions. He advises operation in all cases of intestinal perforation, no matter whether the armies are entrenched or on the march. Most cases are not in a condition to be operated upon after twelve hours, but he has seen cases saved after twenty hours.

Ferraton<sup>21</sup> states that the kind of disinfectants used in wounds is not so important as the care and attention with which they are applied. He prefers irrigation with potassium permanganate, followed by hydrogen peroxid. Gauze moistened with alcohol or ether is the best dressing. The dressing should be left on several days unless there are signs of infection, when the wound should be opened up and irrigated frequently.

In joint lesions Ferraton practices early arthrotomy; if this is not effective resection facilitates drainage. Conservative treatment is the rule in injuries of the thorax unless it is necessary to control severe hemorrhage. If a pleural effusion becomes infected, pleurotomy is indicated. All wounds of the skull should be trephined, disinfected and drained. The brain should not be explored for deep projectiles.

Operation should be performed in injuries of the abdomen to control intra-abdominal hemorrhage. In other cases expectant treatment is favored.

According to Schloessmann<sup>22</sup> one of the most unpleasant complications in military surgery is secondary hemorrhage after gunshot wounds, which is due either to secondary erosion of the blood vessel or primary injury of the vessel by the bullet on the field.

Another important point in the treatment of secondary hemorrhage is to bear in mind the possibility of its occurring. The only certain and effective treatment is ligation of the blood vessel at the place of injury. Tamponing, pressure, and ligation at any other point are only makeshifts.

Carles and Charrier<sup>23</sup> find that ethyl chlorid anesthesia is quite as valuable in operations of forty-five minutes' duration as in those of five minutes', though it has ordinarily been used heretofore only in very short operations. It is particularly valuable in military surgery because of the saving of time. It only takes from a few seconds to two minutes for the patient to become anesthetized, and about the same time for him to awake from the anesthetic. The toxic action is very slight; there is seldom vomiting; it is much milder than after chloroform or ether; albuminuria seldom follows, and if it does, it is slight in degree. This makes it particularly valuable in cases of shock, feeble pulse, etc. They have used this form of anesthesia in 200 of 700 cases operated upon during the past five months. In administering it several cubic centimeters should be given at first to obtain complete anesthesia; after that about 0.5 cubic centimeters every three or four minutes. The three or four respirations of pure air, when the mask is raised to give the ethyl chlorid, are generally sufficient to prevent asphyxia. There is no danger of heart failure as with chloroform, and in the rare cases where there is difficulty in respiration a few movements of artificial respiration generally restore the patient.

Schwartz, Bouvier and Caudrelier<sup>24</sup> relate their experience in the treatment of abdominal injuries at the front.

Schwartz operated upon nine cases, eight of them with perforation of the small intestine, and one without any intestinal lesion, but with injuries of the spleen, mesocolon, and great omentum. There were two complete recoveries.

20. Berl. Klin. Woch., 1915, LII, 1321.

21. Lyon chir., 1915, XII, 565.

22. Beitr. z. klin. Chir., 1915, XCVI, 129.

23. Prog. med., 1915, XLII, 478.

24. Bull. et mem. Soc. de chir. de Par., 1915, XLI, 1257.



two operative recoveries, and five deaths, but one of these deaths was due to the carelessness of the patient, not to the operation. He was getting along splendidly on the sixth day, but that night got up to go to the window to look at a fire and the next day developed peritonitis.

Bouvier and Caudrelier report thirty-three cases of laparotomy for abdominal injuries. In all there were eighteen deaths and fifteen recoveries, or a total mortality of 54.5 per cent. The mortality was 66 per cent., in injuries of the small intestine, 40 per cent. in injuries of the large intestine, 60 per cent. if only perforating injuries of the large and small intestine are counted. They were favored by the fact that they were very near the front and their patients only had to be carried a few meters; but their mortality is increased by the fact that they operated on all cases as they came, no matter how severe the injury or in what condition of shock the patient was at the time.

They generally operated through a median incision; sometimes they merely enlarged the existing wound. When there was an evisceration of the intestine they sutured or resected it outside before opening up the abdomen. Perforations of the intestine were treated by suture; if there were multiple perforations in a short segment the intestine was resected. They used only end-to-end suture. In almost all cases the peritoneum was irrigated with ether after the operation; it was not always drained. Every effort was made to make the operation as short as possible. These results are decidedly in favor of operative treatment.

Quenu quotes a report of Sencert, who prefers expectant treatment. Sencert had fifty-eight cases, with only thirteen recoveries, a mortality of 77.5 per cent., while Bouvier and Caudrelier had only 54.5 per cent. mortality from operative treatment. Moreover, Quenu concludes from a study of Sencert's cases that not all of them were perforations of the intestine, so that, in addition to having a higher mortality, he had less serious cases. The published cases of various other authors are reported. Summing up all the operative cases, the average mortality is 62 per cent.; while the average mortality of the conservative cases is 78 per cent. Quenu concludes that operation is indicated except in some cases of tangential shot with both orifices posterior, indicating that the intestine has not been perforated. It is the perforation of the intestine, not of the peritoneum, that is most significant.

Gobel<sup>25</sup> from a comparison of the statistics

of the Balkan War and the results of the present European War, concludes that there has been no improvement in the treatment of wounds of the hip. A large percentage of the wounds are infected, and in the Balkan War 60 per cent. of the infected cases died.

Nochte<sup>26</sup> reports twenty cases of injuries to the spinal cord, nine of which were operative cases. Of the eleven cases not operated, nine died from complications. Of the nine operated cases, two improved after operation, one improved after the opening of an abscess, and one case showed improvement with the exception of motor symptoms. Three cases were not improved, one died of meningitis, and one died of respiratory paralysis. The author recommends early operation of spinal cord injuries. The third day should decide for or against laminectomy.

Schmid<sup>27</sup> has treated twenty-eight cases of gas phlegmon and concludes from his experience that in cases of gas phlegmon with gangrene, amputation should be performed at once. Amputation should also be performed in cases of deep gas phlegmon with fracture. In superficial gas phlegmon with fracture, deep incisions and excision of the diseased part of the skin and subcutaneous tissue is sufficient. In deep or superficial gas phlegmon without gangrene or fracture, incision and radical excision of the affected parts is indicated.

Zahradnicky<sup>28</sup> has had in all 200 cases of gunshot injuries of large joints, 133 of which were non-infected and sixty-seven infected. He had only four deaths from severe sepsis. One a case of hip injury and the other three of the knee, making a total mortality of 2 per cent. In the aseptic cases satisfactory function was restored in 79.7 per cent.; in 20 per cent. there remained either pain or limitation of motion. In the septic cases the functional results were good in only 17.9 per cent. of the cases; there was limitation of motion in 69.2 per cent. and total ankylosis in 12.9 per cent.

Now, gentlemen, in this retrospective glance at the literature, I have only striven to touch the high spots, as it were, because the field is so vast and varied, embracing as it does almost every phase of medicine and surgery, that it was impossible to describe and discuss even in a cursory way the many varied pathological conditions and injuries received by the soldiers on European battlefields, but if I have presented

25. Munchen, Med. Woch., 1915, LXII, 721.

26. Deutsche Med. Wchnschr., 1915, Jan. 1.

27. Wien. klin. Wchnschr., 1915, XXVIII, 556.

28. Beitr. z. klin. Chir., 1915, XXVII, 452.

this subject in a way to excite your interest in it, as internists and surgeons, I shall feel that this address has not been prepared in vain.

#### THE EARLY HISTORY OF MICHIGAN'S STATE BOARD OF HEALTH.\*

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Aside from this topic, the remainder of this meeting is devoted to "Sanitary Laws and Administration;" therefore it seems best that this topic be so dealt with that it shall contribute to the main important purpose of this meeting. I believe that can be done by so extending the "Early History" as to include the *origin of the plan* on which the Michigan Board was established, the nature of that plan, how and why it came to be adopted, how it differed from any that preceded it, and why any person who undertakes to influence Public Health Legislation and Administration may well consider the original plan and main purposes of the Michigan State Board of Health.

The parentage of a dominant idea is so important that I begin by stating that the fundamental idea on which the plan of the Michigan Board was based was first advanced by that eminent philosopher of the last preceding century, Herbert Spencer. This may seem to you to be impossible if you recall the fact that Herbert Spencer wrote disapprovingly of boards of health. But he wrote more powerfully on the subject of education, and it was *that* work of his that supplied the impetus and the reason for the establishment of the Michigan State Board of Health, which was created on a new plan quite different from any preceding board of health.

About 1857, D. Appleton & Co., of New York, published a small book by Herbert Spencer on "Education." In 1861 it was studied by the young man who in after years, was the author of the Michigan State Board of Health. The young man was a medical student, and what interested him in the little book was a conclusion which Spencer propounded with such detail and forcefulness of argument as to compel its acceptance, and which was: "That Knowledge is of most Worth which Tends Directly Toward the Preservation of Life." The young man served about three years, 1862-5 in the Medical Surgical Department of the U. S. Army, where he was trained in Army Hygiene; because surgical operations, although important, must be preceded and supplemented by daily sanitary care of all of the soldiers. For a few years, 1866 to 1870 the ex-surgeon was in civil medical practise, and unhappy because he could not exercise or freely advise sanitary care without taking the time and energy from attention to his professional occupation. In January, 1870 he received the first Report of the Massachusetts State Board of Health, which board was to deal with nuisances and other subjects, much the

same as did all boards up to that time, but was a State Board, to take action on appeal from local boards and in cases too large to be dealt with by smaller boards. It was much such a board as Herbert Spencer had disapproved; but to the student of Spencer, the ex-army surgeon who was daily regretting that he could not serve the public by sanitary measures as he had served the soldiers in the army, the Massachusetts Report served as a stimulus to energetic effort to secure for Michigan a State Board of Health, planned to *teach* the people of Michigan "That Knowledge of Most Worth;" to be a State Educational Institution, and supreme in that one particular; its functions being to collect, create and spread among the people information from every available source relative to the causes of deaths, the causes of sickness, and the best measures for their avoidance and prevention. He began at once to advocate the plan, writing to individuals, to medical journals and to the public press. In the year 1870, he took to the capitol of Michigan a Bill to establish a state board of health, which he hoped the legislature would enact into a law. He contemplated an innovation, in all respects; there was then only one state in which a state board of health existed, and its plan was not then exactly the same as the one he proposed for Michigan, which he intended should be a *state educational system for the promotion of the public health*. He took with him a draft of a petition which he afterwards had printed, and from time to time, distributed about the state, setting forth that the medical profession was in possession of much knowledge which, if it were imparted to the people generally, would lead to the reduction of a large portion of their sickness and deaths; it prayed that the legislature establish a state board of health, to collect and disseminate knowledge useful for the promotion of the public health. He worked strenuously and continuously toward that end. His plan gradually met with favor, was indorsed and advocated by the State Medical Society, and in 1873, the Bill became a law. Meantime copies of the Bill, printed for use in the legislature of 1871, were sent to other states, with statements of arguments for the plan; and movements for similar action in other states were started, with the result that in several states the same Bill was used, and soon most state boards of health were working on plans somewhat similar to that of the Michigan Board. Not only so, but some branches of the educational system, first thoroughly established by the Michigan Board, began to prevail in the government health services throughout most of the civilized world; because the Michigan board collected facts from every country, and, in return, sent its publications, its methods and in many cases its wording or translations thereof were freely used. It daily collected from the local health officials in Michigan the facts of the occurrence of dangerous communicable diseases, through a law requiring householders and physicians to promptly report every such case. This made it possible for the State Board to *distribute*

\*Read before the Civic Club, Kalamazoo, Michigan, May 4, 1916.

its useful knowledge of the restriction of each disease, *to the household* and neighborhood in which such disease started or occurred. This came to be a very important branch of its constant educational work; and is believed to have saved, from premature death, thousands of people in Michigan, more especially of children and young persons. I believe *that system of work should still be vigorously done.*

While the main functions of the Michigan State Board of Health were to learn and to teach, another important function was to have thorough supervision over the work of *local* health officers, whose duties were not so *much to teach*, except in co-operation with the State Board, but to *act*, for the restriction of diseases, for the control of movements of persons and things to that end, for the disinfection of infected articles, for the abatement of nuisances, etc.

The original plan for Michigan was that the State Board should act in a manner analogous to the action of a *general* in the army, while the local health officers and the local boards should act in a way analogous to the line officers and the men in the line of battle. As dangerous communicable diseases are the greatest causes of deaths, this is essential.

For over thirty years, ending in 1905, its originator was the executive officer of the Michigan State Board of Health; and as such, he acted as a public *teacher* of sanitation, involving, as that did, daily studies in several branches, in order to keep in advance of the people then being instructed in many subjects of vital interest.

In 1875, while a member of the Michigan State Board of Health and very effectively fulfilling its *educational* plan, Doctor R. C. Kedzie caused the inauguration of the "Farmers' Institutes" which have been a powerful factor in popularizing and therefore in utilizing all of the sciences bearing on agriculture, including sanitation; and later the State Board of Health in Michigan established, on the same plan, the "Sanitary Conventions." At both of these courses of public meetings during several years, the members of the State Board of Health, including the secretary were lecturers on sanitary topics. A "Teachers' Sanitary Bulletin" was published regularly by the board. When it was learned that those *diseases which cause most deaths were mostly communicable*, a law was passed providing for teaching in the schools of Michigan, the principal modes by which the dangerous communicable diseases are spread, and the best measures for their restriction and prevention. The State Board was, *in every year*, required to supply to the teachers the latest exact information. So long as the first secretary continued in office, he actively participated in fulfilling that beneficent law; and when soon afterwards that law was disregarded, and possibly repealed, knowledge of it was disheartening; because that law in one way perfected a very important line of work, and in another way it was the opening wedge for an extension of the most important work which it is possible for a State Board of Health to undertake. The law and its plan required the State

Board to learn what were the causes of the *most deaths* in Michigan, and what were the causes of the *most sickness*. It was found that the *most deaths* were caused by the dangerous communicable diseases, such as tuberculosis, pneumonia, typhoid fever, scarlet fever, diphtheria, measles, and whooping-cough. When the Board was first established not all of the foregoing diseases were known to be communicable, but at the time that law for the teaching in the public schools was enacted several of them were known to be communicable, and how to restrict and prevent them was also established. Therefore that law made it possible in every year to teach those facts to the children and young people at ages when most endangered, while the teaching of the adults was continued by the Board by its usual methods. Thus that "*knowledge of most worth*" *to the most people*, so far as that was practicable, was systematically and continuously maintained. It is much to be regretted that this exceedingly important start toward the rounding out of the plan of the State Board, was not thoroughly explained to the principal educators of the state so that the law might have been saved, but it seemed to be so well received by all classes of people, that any necessity for such action was not perceived, and perhaps did not exist, the law being simply considered to be of no consequence by the new executive officer, appointed politically instead of by the Board as had been the previous method. An idea of the immense probable loss to the people of Michigan caused by the lapse of that law, can be partially gained by considering the cases and deaths from *tuberculosis*, and from the other dangerous communicable diseases which cause most deaths, which have occurred in Michigan in the ten years since that law was permitted to lapse, which might have been prevented by ten continuous years teaching of that "Knowledge of Most Worth" to the thousands of pupils in the Michigan Schools. And further loss will continue to occur. That is why I plead with you for a consideration and study of *the original plan* of the Michigan State Board of Health in any proposal to change "Sanitary Laws and Administration;" in such case I hope you will study to see if the proposed change will harmonize with the *teaching* of Herbert Spencer's "Knowledge of Most Worth."

#### THE PERSONNEL OF THE BOARD.

From the beginning to the present time, Michigan has had abundant reason to be proud of the eminent character of the men who, without fee or reward, have philanthropically served the state as members of the State Board of Health. I cannot mention all of them. Among the first members appointed in 1873, was Homer O. Hitchcock, M.D., of Kalamazoo, the first President of the Board. His third annual address as president, published in the Report for 1876 is worthy of study at the present time. Dr. R. C. Kedzie, of the Agricultural College, whose first notable service on the Board was such as to



in great part, stop the terrible deaths by burning by dangerously inflammable kerosene. His "Shadows from the Walls of Death" published by the Board, a copy sent to every "Ladies Library Association" and otherwise distributed, did much to stop the sale of poisonous wall papers for bedrooms; his books, ("Shadows") consisted of samples of papers generally on sale, analysis of which showed dangerous quantities of Paris green loosely attached to the surface. Dr. Kedzie for several years served as President of the Board. Dr. Henry F. Lyster, of Detroit, served on important committees; he did notable service toward lessening sickness from malarial fever. He was one of the first to teach that tuberculosis is a dangerous communicable disease.

Dr. Arthur Hazlewood, of Grand Rapids, was an early useful member of the Board. He is still living, and now a resident of Plainwell.

Dr. John H. Kellogg, of Battle Creek, was an especially able and efficient member of the Board in an early day, and since, especially in examining plans, and advising boards of control of State Institutions relative to the sanitary construction of the buildings for such institutions; also he served on important committees, and in public lectures on sanitary topics, for seventeen years from 1878, and he is now an active member of the Board.

Dr. Victor C. Vaughan has been a member of the State Board of Health since January, 1883. He is now its President. One of his early contributions was his successful analyses of poisonous cheese and poisonous ice cream, isolating the poison, and pointing out how it was formed and methods for its prevention, which for many years have been successful. His contributions to the sanitary sciences have been extensive and important and are so recognized around the world.

#### SICKNESS STATISTICS.

Complying with its organic law, the Michigan Board in 1876 established a system of sickness statistics, which were soon so reliable as to demonstrate not only which diseases *caused most sickness*, but also in just what month in the year they were most prevalent, and the relative prevalence of each disease in each month. Previously, the Michigan Board had organized what was probably the first State Weather Bureau, consisting of meteorological observers in selected localities throughout the state, who reported monthly to the State Board the results of their daily observations of meteorological conditions likely to have relation to health. Thus, the State Board tabulated the sickness statistics, and the meteorological data; and was able to picture diagrammatically for each and every month, the relation of the sickness from each of the important diseases to each of the important meteorological conditions. If time permitted, it might interest you to see with what wonderful exactness such important diseases as pneumonia, influenza and diar-

rhéal diseases, followed the atmospheric temperature, the first named following the low temperature, the latter the high temperature.

Before the Michigan Board began its sickness statistics, the Massachusetts Board had, for one year, collected similar statistics which proved the value of such work; but the executive officer of that Board was displaced by another and the statistics discontinued; so that thereafter the Michigan sickness statistics were unique, no other in the world for any such area as a state were in existence. They were in 1905 promptly discontinued by the first executive officer of the Board *appointed politically*, by Governor Warner.

The sickness statistics had soon revealed the fact that the disease which caused very much more sickness than any other in Michigan was intermittent fever; commonly called ague. Accordingly, all of the knowledge of its causation then available for its prevention was used by the Michigan Board. And it is yet remarkable to what extent the meagre knowledge of that early period was effective toward its prevention. It was called a "malarial" disease; and the "*mal*" or *bad* character of the aerial cause now known to be a species of mosquito, was then only known to be associated with the air from stagnant water in ponds and "catholes." With that knowledge, much was done for the restriction of the disease. Members of the Michigan Board wrote papers and delivered addresses recommending the drainage of swamps and regions of stagnant water. State laws then as now required that taxation for all public drains must be based on the fact of the benefit to the *public health*. The advent of mosquito netting, and especially of the wire netting did very much to reduce the disease.

My recollection extends back to a time, 1849, when in Ingham county not many miles from the State Capital, so many in one vicinity were sick with "Chills and Fever" there were not well people enough to properly care for the sick. Even when the Michigan Board began its sickness statistics in 1876, that disease caused much more sickness than did any other; but by the time those statistics were discontinued, 1905, it was one of the diseases of least consequence. Although probably the greater part of the decrease of the disease, after the general use of screens, was due to that custom, much had previously been accomplished by such measures as had been recommended by the Michigan Board of Health and its individual members.

For *teaching the communicability of diseases*, it was important to have such *proof* of the communicability of each disease as would carry conviction to any intelligent person; also to have proof that the measures advocated by the State Board would actually cause the restriction of the disease for which those measures were recommended. Accordingly a plan was devised whereby facts reported by local health officers were compiled in ways to learn the *average number of cases* of scarlet fever, of diph-

theria, or of other diseases believed to be communicable, in instances ("outbreaks" they were called) where *nothing was done* for the restriction of the disease. Such *average number* of cases where nothing was done, was compared with the average number of cases in outbreaks of the same disease where "isolation and disinfection" were "enforced" by the local health officer as advocated by the Michigan Board. Manifestly, if *less* cases occurred in outbreaks in which isolation and disinfection were enforced, it was proof that the disease was communicable; also that the *measures* advocated by the State Board, and enforced by the local health officer, were effective for the restriction of that disease. Of course, for *that* study, it was essential to have exact definitions of what was considered to be an "outbreak." But the details of that are not necessary at this time.

The entire time of this "early history" might have been taken up with the battles for existence which the Board encountered as soon as it began its work, and which raged most violently during every session of the legislature. It was analogous to the various dangerous diseases which children go through, ranging from the early "snuffles," to whooping-cough, measles, scarlet fever, influenza, pneumonia, and tubercular meningitis. Year after year the existence of the Board was threatened, and each new attack was vigorously met, explained, and combatted. As a *parent*, though sorely tried by the diseases of the child, yet always enjoys every recovery, so the anxieties for the safety of the Board were recompensed by its many victories.

Some of this "Early History" had to do with conditions existing then, but not likely to recur; therefore it has only historical interest. Some of it relates to work believed to be of great value, but which perhaps it is not possible to resume. What seems to me to be of the greatest promise for future usefulness, because applicable to conditions now present, and to conditions which shall arise hereafter, is the "Educational System of Public Health Service" which in 1870 was engrafted into the top of the tree hygiene, and thrived, and has to some extent spread throughout the civilized world.

Begging pardon for personal reminiscences, it is a source of very great pleasure to me that I was permitted to study Herbert Spencer's "Education," to have had training in army hygiene, to have felt such a desire to do public-health work as to labor three years toward that end, to have been actively associated with the noble men who constituted the State Board of Health, finally to have been privileged to labor for nearly thirty-three years at work which so nearly realized my ideals, and which seemed to be useful to humanity.

# FOREIGN BODY IN ESOPHAGUS IN AN INFANT FIFTEEN WEEKS OLD, SUCCESSFULLY REMOVED BY GASTROSTOMY.

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A very interesting case was referred to me a few weeks ago with the following history:

Infant fifteen weeks old, weight fourteen pounds, while the mother was dressing it about 7 o'clock one morning, a safety pin accidentally dropped into the infant's mouth and was swallowed. The family physician was immediately called and after getting the above history, ordered the infant removed to the hospital where an X-ray could be obtained; the pin was found to be open and lodged about one inch above the stomach in the esophagus. The baby was taking its feedings normally and only vomited once. All attempts to force the pin further down seemed to be futile as the patient was too young to swallow solid food. The pin was watched until about 2 p. m. and was still in the same position, the point pointed to the left and upwards and the last skiagram taken showed a marked increase in the heart shadow. It was feared that the pin had pierced the esophagus causing this increase in the heart shadow. It seemed that the only possible hope was surgical interference, this was advised for three reasons: First, it appeared to us that as long as the pin had remained in the same position for six hours, the chance for it becoming dislodged was improbable. Second, the increase in the heart shadow pointed to a possibility of beginning to cause trouble by perforation. Third, notwithstanding the above complications it appeared to us that if the pin should drop into the stomach, being open, our trouble would then begin, and the risk of finding it in the intestines, especially after, perhaps, a beginning peritonitis, especially in so young a subject, would increase the hazard.

*Operation.*—Under ether anesthesia the stomach was exposed by the usual incision and brought into the wound, it was opened with an incision in the anterior wall about one-half inch long, and a small curved alligator forcep was now introduced through the stomach into the esophagus and after several attempts the pin was seized and recovered.

The stomach was closed with two rows of sutures and the external wound closed in the usual manner. The patient was extremely shocked but reacted nicely.

Saline (Murphy Drop) Postoperative Course was given per rectum for twelve hours after which small doses of water were given by mouth alternating with mother's milk; the patient returned to the breast the third day at which time it left the hospital making an uneventful convalescence.

The pin measured two and one-half centimeters in length, and one and one-half centimeters at its widest point.

# TRANSACTIONS

## OF THE

### Clinical Society of the University of Michigan

Stated Meeting, May 3, 1916

The President, UDO J. WILE, M.D., in the Chair  
Reported by REUBEN PETERSON, M.D., Secretary

#### ANOMALIES OF THE FIFTH LUMBAR IN RELATION TO BACKACHES.

JAMES G. VAN ZWALUWENBURG, M.D.

(From the Clinic of Roentgenology, University Hospital, Ann Arbor, Michigan).

The interest and timeliness of a medical subject depends on a number of factors. A condition may be so frequently seen and in so various a form that it is always timely. Or it may gain interest from recent advances in our knowledge of the disease, or from its rarity, or its obscurity, or from an unusual number of cases seen in a given time.

The subject we have chosen falls under the last two heads. The study of the fifth lumbar, its variations and their relation to pain in the back, is as old or older than orthopedics. In the course of our work, we have from time to time recognized occasional examples with a mild degree of interest, but, during the month of March, the number of cases coming from several different clinics, engaged our attention from sheer force of numbers, and our subject thereby becomes doubly "timely."

The fifth lumbar vertebra is notoriously a variable structure. It has long been known that no two fifth lumbar are exactly alike, but the anatomist has been content to limit his studies to the gross variations such as failure of closure of the posterior arch, or inclusion in the sacrum. As an anatomic study, the appearance of the fifth lumbar in the radiogram has been described by Lufthoff (*Fortsc. Geb. Roentg. Strahl.* IX and XI) and by Scheede (*Idem* XVII, 355). It is here brought out that this vertebra is peculiar in that the lateral border of its body are rarely distinctly projected, and that the lower margin is almost never shown on the plate, whereas these are striking features of all the other vertebrae. The explanation is found

in the fact that, in distinction from all others, the anterior surface of this centrum gradually merges into the lateral pedicles without anywhere approaching a plane parallel to the X-ray, while in the normal curvature of the spine, its lower surface is so far inclined from the path of the ray that it virtually overlaps the upper border of the sacral body. In addition to this, the body of the fifth is more cancellous than that of any other vertebra and casts a lighter shadow.

The variability in the size, in the position with reference to the level of the iliac crests, its inclination to the vertical axis, and in the planes of the posterior articulations are matters of common knowledge.

Some of these variations, we have learned are associated with definite pathology, and so have come to be classed with the pathogenic factors of several conditions. For instance, we have come to regard with suspicion the fifth lumbar whose body does not rise above the level of the iliac crests. The position of the lower border of the centrum is less well known because less frequently seen on the plate. The inclination of the axis of the centrum to the vertical axis of the body is found to be not merely a matter of lordosis, at least it can not be reduced by flattening out the back against a hard table. It would seem as though the normal lordotic curve in this region had its point of maximum curvature at a point higher than normal, virtually including the last lumbar with the sacral portion of the spine.

Associated with these abnormalities are fairly characteristic changes in the form and size of the lateral processes. They are often markedly increased both in length and in width, frequently being flattened out into broad bilobed structures tipping in a plane upwards and backwards.



When well developed, they justify the name that has been applied to them, viz., "butterfly transverse processes."

Not infrequently these processes are truncated, flattened off, and otherwise shaped to conform to the shape of the adjacent lateral bodies of the sacrum or the iliacs, and occasionally the extremities are definitely faceted on both the contiguous surfaces to form an imperfect articulation. Such articulations are more frequently with the lateral bodies of the sacrum than with the ilium. Sometimes there seems to be a bony union between the opposed surfaces.

The posterior arches may show associated changes. Most frequently they appear much narrower than normal, as though compressed from above downward, the spinous processes may be much abbreviated and deflected from the vertical, so that the spines of the lower lumbar may be "staggered" like the shingles of a roof.

The plane of the posterior articulations normally is not in the sagittal plane of the body as are the rest of the articulations, but are directed outwards as well as backwards. This outward rotation is often much exaggerated, so that these articulations are not at all well seen on the plate. The height of the process is also reduced.

Where the complaints are of comparatively long standing, we often see inflammatory changes in the nature of calcified exudates. The earliest manifestations are a certain haziness about the posterior articulations, if these can be seen at all. Not infrequently the articulations between the last lumbar and the sacrum are obscure from the unusual obliquity of the articular plane; an early change can not be made out here, but appears one segment higher. In addition we may find a slight density along the course of the great iliolumbar ligament, or along the lumbosacral ligament, or slight erosions of the bones at the point of contact, and, finally, we may find the lipping of the margins of the centra characteristic of "hypertrophic arthritis."

These abnormalities in various combinations and in various degrees are commonly spoken of as a "Sacralization of the Fifth Lumbar."

The fundamental conception of this term is that of an upward shifting of the pelvic girdle on the spinal axis. If this shift represents the whole of one segment, we find only four lumbar vertebrae, an abnormality that has occasionally been noted. An analogous downward shift produces an extra lumbar, i. e., a total of six lumbar vertebrae, a condition that

is much more frequent, especially in the Esquimos and certain primitive tribes in Africa. Usually the shift is upward and amounts to only a fraction of a segment and the result is the condition here described.

A similar upward shifting of the thoracic cage in relation to the spinal column is supposed to occur independently or with this condition. It gives rise to the formation of cervical ribs and less frequently to hypoplasia or even aplasia of the twelfth ribs. There is a general impression that cervical ribs and sacralization are frequently associated although I know of no statistics on this point.

The center of curvature of the "lordotic lumbosacral" curve of the spine lies about on a level with the fifth lumbar vertebral body. This curve is at once the sharpest and the most recently acquired of the spinal curves, is found only in man, and is directly related to his erect posture. It, therefore, depends directly on the position and insertion of the pelvic girdle. With the upward shifting of the latter, there is, of necessity, a similar upward shifting of the center of curvature, so that it comes to lie as high as the fourth lumbar body. This curvature is mainly produced by the wedge shape of the fifth body and the succeeding fibrocartilage. When it lies higher than normal, the excess in the length of the longer arc must be taken up at a higher level, and, in fact, we find the preceding fibrocartilage more wedge shaped while the succeeding one has become more nearly rectangular in cross section.

Normally the weight of the body is transmitted fairly directly to the sacral body, but with the upward shifting of the center of curvature, it comes to fall more nearly on the abnormally obliquely placed last lumbar, and the latter is forced to assume functions that are purely sacral. And, whereas the sacrum is adapted to this work by the firm fusion of its centra, lateral bodies, and posterior arches, the last lumbar is left suspended by its strong but inadequate ligaments between the abnormally high iliac crests.

The influences working on this vertebra are precisely those that originally produced the fusion of the sacral segments far down the phylogenetic tree, and their influence is directed in the same direction, viz., towards the expansion of the lateral processes, their fusion with the lateral bodies of the sacrum, the shortening and strengthening of the posterior processes and by their ankylosis their final incorporation into the posterior arches of that structure. This is the basis of the commonly used term "Sacralization of the Fifth Lumbar Vertebra."

The detailed discussion of the altered mechanical relationships, the redistribution of the various stresses and strains, would carry us too far afield. One can easily see that the chances of mechanical injury and the liability of infectious and noxious influences in these structures are greatly increased thereby.

The material from which this selection of lantern-slides is taken comes from several clinics. The majority were referred from the Department of Orthopedics with the complaint of "backache," "lumbago," pain in the back radiating upwards into the flank and down into the thigh. Certain postures and certain movements aggravate the pain. Postures and attitudes are prominent features in the usual history. Pareses and altered reflexes are not uncommon as secondary manifestations.

Next in frequency are the cases referred from the Department of Genito-urinary Surgery. Here the finding was an incidental one. In the search for renal and ureteral calculi, the lumbosacral articulation is always included in the field examined, and is always inspected as a matter of routine. A number of these cases have shown one or more of these anomalous features. A history of pain radiating into the testicle appears to be common to these two conditions.

Two cases had been treated for long periods (elsewhere) for "sciatica." One case was suspected of concealing an intractable appendix, and one a Neisserian spondylitis. In several cases Pott's disease was suspected. One case (a girl of 22) had survived four laparotomies, gynecologic and otherwise, in a vain search for the cause of her pain.

From this it appears that the symptoms associated with these anomalies vary in location and in degree, and through a fairly wide range. Unfortunately, we are not in a position to define the exact relationship between the symptoms and the deformity of the spine. It must be confessed that not every case with a lumbar fifth like this description, complains of symptoms, nor does every case of backache showing these findings justify the conclusion that they are etiologically related. Several of the latter have had surgical kidneys. One of them did have a gonorrheal spondylitis. One of them did have a pathologic appendix. Nevertheless, a certain number had no other excuse for their backaches, and others had definite inflammatory changes which certainly incriminate the anomalous fifth lumbar as in some way related to the cause of the pain. Moreover, the frequency of this finding is much higher in those com-

plaining of pain than in the normals, and the gravity of the complaints bear some relation to the degree of the deformity.

A direct etiologic relationship between these two conditions can not be predicated on the facts at hand. In the present state of our knowledge, the roentgenologist is not in the position to state dogmatically, "this patient's backache is due to a sacralized fifth lumbar," but this conclusion seems to be justified with a degree of probability increasing with the degree of the deformity. Our present position is rather that the anatomic conditions, the anomaly, shown by the radiogram are evidences of a predisposition to traumatic, toxic, and infectious processes, by reason of the imperfect adaptation of the structures involved to their function.

The inflammatory changes we consider mainly secondary. Indeed, it is not improbable that the ordinary lesion is always mechanical, slight strain, microscopic injuries to the capsular and ligamentous structures, with consecutive edema, exudate, cicatrix and calcification. These conditions provide an excellent soil for the development of infectious and toxic phenomena, which, in turn, predispose to trauma, and the vicious circle is completed.

A rational anatomic explanation of the direction of the referred pains is not possible. To be sure, the sacral plexus lies in almost immediate contact with the anterior surface of the pelvic bones and may very conceivably be involved in the exudate. The posterior spinal branches are even more closely associated with the site of the injury. On the other hand, the genito-crural is separated by a considerable thickness of the psoas muscle after having escaped from the spinal canal several segments above the site of the pathology and the latter can scarcely be accused of causing the testicular pain by direct involvement of this nerve. The upward radiation of the backache is another proof. We are forced to the conclusion that many of these phenomena are referred and not due to involvement of special nerves.

As to the treatment, that is a problem for the orthopedic surgeon. Rationally, one would advise rest until the inflammatory reaction has subsided, mechanical supports, correction of faulty postures, avoidances of strain on the articulation, removal of tonsils and other septic foci, and general hygiene.

Transversectomy has been done in a limited number of cases with indifferent results. The area is very inaccessible, and some very curious pareses have been noted. If our conception of the pathogenesis is correct, we should scarcely

feel justified in knocking the props out from under a structure that is already suffering from mechanical weakness. However, the problem resolves itself into the question whether the situation can best be improved by mobilization or by fixation of the parts. The natural tendency seems to be in the latter direction.

#### DISCUSSION.

DR. HARRY MALEJAN: I would like to ask Dr. Van Zwaluwenburg how he would explain some of the conditions of the bladder in these cases. We have had some cases with symptoms of cystitis and pus in the urine. In these cases there was no stone either in the kidney, ureter or bladder and no history of gonorrhea, in fact no exciting cause for cystitis. X-ray report, however, comes back as sacralization of the fifth lumbar.

DR. CONRAD GEORG, JR.: I happen to have one of these cases under treatment, a cement mixer. He is a young man of 35, well built, has been a laborer all his life and has been a cement mixer for many years. About two years ago he had a septic infection of the hand and forearm and came to the University Hospital and was operated upon several times. He was here several months for treatment and came near dying. He had several incisions in the hand and some of the fingers were amputated. There was contraction of the scar tissue which resulted in a flexion deformity of some of the fingers. Last fall he began to complain of backache. At times the pain became so severe that he had to go to bed. When these attacks came on he was unable to lie on his back or sides on account of severe pain in the sacroiliac region. When I saw him he was lying on his stomach. I first thought of a local arthritis and then thought it might be rheumatic with some tendency to sciatica. Pressure over the left sacroiliac region caused severe pain. After a few days of rest in bed and medical treatment with salicylates he recovered sufficiently to go to work again. The condition always relapses within a short time and he has been confined to his bed most of the time this winter. Finally in order to clear up the diagnosis I sent him to Dr. Van Zwaluwenburg and I have seen from the illustration that it is a very marked condition of sacralization of the fifth lumbar. There seems to be considerable increase of the transverse process of the fifth lumbar and the spine seems to be curved toward the affected side. Since discovering the real condition of affairs I have advised this man to change his occupation and he is working now in a factory where he does not come in contact with moisture.

DR. CHARLES L. WASHBURN: I would not want to say that these cases are all pathologic. There are as many variations of the fifth lumbar as there are fifth lumbar. If you could take an X-ray of the people in this amphitheatre, the chances are that some of them would show abnormalities and inflammatory changes in the region of the fifth lumbar vertebrae. The development of this condition depends largely upon the work which the patient does. There is a definite line of symptoms from which this condition may be diagnosed without the X-ray. It is not a new condition, but one that has not been well described in the text books in the past. It has been variously

called sciatica, sciatic neuritis, rheumatism, etc., and has been a source of profit to chiropractors and fakers all over the country.

There is an obliteration of the lumbar lordosis and as the patient bends forward, if the condition is on one side alone as it usually is, his anterior bend will deviate from the affected side. If it is on the right side, his body will lean toward the left. There is usually tenderness over the upper portion of the sciatic nerve. The patient sleeps poorly, has lost considerable flesh and the condition has extended over a period of months or years. He lacks the characteristic symptoms of tuberculosis. There is no destructive process of the bodies of the vertebrae.

Dr. Malejan asked about the relation of this to infection. There is no question but what a person can have a sacralized lumbar vertebra without any symptoms from it. If you associate this with gonorrhea or old chronic tonsillitis, you are almost certain to have pain and disability. Occupation has something to do with it. Book-keepers, writers, blacksmiths, engineers, plumbers, firemen and men working in factories have the symptoms most often.

The question of treatment has not been solved. Application of jackets and changes in occupation will relieve or cure most cases. Operation is attended with great danger to life. The depth of the wound is three to five inches, associated with this the lumbar cord of the lumbosacral plexus runs almost immediately in contact with the transverse process of the fifth lumbar and any operation on this bone will disturb the nerve supply to the leg. Fully 50 per cent. of the cases reported as operated for this condition have shown paralytic deformity after the operation. As yet we have not operated any of these patients. If we find one sufficiently serious to demand operation and the patient, after being told of the possibilities of the operation, still insists upon having it done, we will operate.

DR. VAN ZWALUWENBURG: I am greatly flattered by the number of questions that have been asked, and only regret that lack of time prevents me from answering them seriatim and at length. I fear I have been somewhat misunderstood on several points. I think that I distinctly stated that a direct etiologic relationship between this lesion and the symptoms of which the patients complained could not always be established. It is, of course, perfectly irrational to suppose that an anomaly of the kind described should produce pus in the urine; these two findings must be assumed to be simply coincident.

What I have tried to emphasize is that we have here an anatomic basis for the greater frequency of trouble in this region in the unfortunate possessor of a sacralized fifth lumbar than in the normal individual. I have further attempted to show that in these cases of otherwise unexplained backaches, secondary reactions of an inflammatory nature are produced, and that in their presence, the chances of complete recovery are much worse than otherwise.

As to the literature; there is very little of it, although it has attracted a great deal of attention. The general attitude of the students of this subject is pretty well illustrated by that of a prominent orthopedist whom I met not long ago. He confessed that he already had four manuscript articles on the subject unpublished, and he was uncertain



whether they would ever be published. He, also, has come to the conclusion that the condition is important mainly because it presents a point of lessened resistance to infections, intoxications, and trauma.

### REPORT OF A CASE RESEMBLING SPRUE AND REMARKS ON AMEBIASIS.

HARRY B. SCHMIDT, M.D.

(From the Clinic of Internal Medicine, University Hospital,  
Ann Arbor, Michigan).

I have been asked by Dr. Hewlett to demonstrate amebae from a patient who has amebic dysentery in the Medical Clinic at the present time. After several doses of emetine the amebae are not to be found. I have scraped the patient's intestinal mucosa as far as I could reach with the protoscope, and have examined his stools and I cannot find any amebae, so it will be impossible for me to demonstrate them; but I can tell you something about the case, first calling your attention to another patient whom we had in the Clinic in the summer of 1914.

This patient entered the Hospital complaining of pain in the epigastrium, general weakness and sore mouth. He was 41 years of age, married, and a farmer by occupation. His family and personal history were unimportant. The present illness began six years before with distress in the epigastrium and belching after eating. In February, 1914 he began to have five or six stools a day unaccompanied by pain, tenesmus or blood. During February and March he vomited considerably and complained of great distress in the bowels. There was no blood in the vomitus. Since February he has lost thirty-five pounds and since that time his mouth had been sore.

The patient was extremely emaciated, and all the bony landmarks were prominent. No pigmentation of the skin or mucous membranes was noted. The mucous surfaces of the mouth were covered with white curd-like masses resembling thrush, and there were evidences of superficial erosion. The same was noted in the rectum and as high in the sigmoid as could be seen. There was nothing notable in the urine. The red blood cells were 2,300,000; hemoglobin 43 per cent. The examination of the stomach contents was negative. The systolic blood pressure was 85. The Wassermann was negative.

The stools were interesting, very large in amount from five to six a day, usually two or three in the morning, clay colored, very frothy and unformed. There were microscopic fat droplets in excess. The guiac test was occa-

sionally positive. The temperature ranged from 99 to 101° up to the time of his death which occurred after he had been in the Hospital twenty-one days. He was placed on a strict milk diet and given Bland's pills with bismuth. Under this treatment he continued to lose weight and died of exhaustion. No autopsy was granted.

The interesting features of this case were the emaciation, peculiar stools and the thrush-like condition of his mouth and rectum. Dr. Wile examined the patient and pronounced the mouth condition a stomatitis. This triad of symptoms, extreme emaciation, secondary anemic ulceration of the mucous membranes of the mouth and rectum, and the peculiar stools, resemble the symptoms described in sprue. The patient had never been outside of the State of Michigan; therefore, if this was a case of sprue, it must have been sporadic, as he had never been associated with anybody having the symptoms of sprue.

Sprue has been reported in the United States. It was reported in the *Journal of Medical Sciences* in November, 1915 by Woods. Graham in 1905 reported four cases from the State of Georgia. Four cases were noted by Harris in 1907. One case was reported by Searcy in Alabama as a case of pellagra without skin symptoms. In 1902 Wood called attention to the diagnosis of sprue and pellagra observing that a great many cases of pellagra without skin symptoms were probably sprue. At the American Medical Association meeting in 1915 Heath and Allen reported a number of cases of sprue, one in North Carolina. Those who have written on sprue claim that it cannot be confused with any other disease. The symptoms are recurrent attacks of severe diarrhea, as many as thirty stools occurring a day, always frothy and yeast-like. There is a secondary anemia with stomatitis of the mouth and rectum and extreme emaciation. At autopsy the ulcerations are seen to extend throughout the gastro-intestinal tract.

The present patient with amebic dysentery came from Russia in 1905. He contracted his disease in the Russo-Japanese war, a very acute dysentery, at that time, which disappeared in six weeks. From time to time he has had recurrent attacks. In the past year it has become much worse and he has had ten to fifteen stools a day, which frequently contained blood and mucus. On examination of the stools numbers of very large motile amebae, many containing red blood cells, were found. I showed these amebae to Dr. LaRue who has been experimenting on non-pathogenic types in the

Department of Zoology. He said he had never seen as many amebae in a preparation as there were in these stools, there being from sixty to eighty in a field, associated with many trichomonads.

In this Clinic in the past five years there have been six cases of amebic dysentery, amebae being demonstrated in all cases. One was a case of lung abscess which had perforated. I have never seen a case with the exception of the case of lung abscess unassociated with trichomonads. There were three cases of trichomonad dysentery reported in this Clinic several years ago. Two of these cases have since proven to be amebic dysentery.

In one of our cases the man had dysentery over thirteen years. He had many trichomonads and we searched three days before we found one ameba, although I am not sure that it was a pathogenic form. Emetine completely cured this man. That was four years ago and I have seen the patient on several occasions, and he has never had any trouble since.

Any case of dysentery with trichomonads should be treated with emetine, it makes no difference whether the amebae are found or not. In a case of dysentery with amebae it is a matter of indifference whether they are pathogenic or not, the patient should be treated for amebic dysentery.

The results of the emetine treatment reported throughout the United States have been very encouraging. In the cases that we have treated we have had good results in all but two. One case was treated here for six weeks with very little improvement. He went home and has not returned. The other patient died and was autopsied.

It is interesting that Levy and Browntree of Johns Hopkins Hospital have reported two deaths and one patient with severe toxic symptoms with recovery following the use of emetine in doses which were rather large, about three or four grains a day. They examined preparations of emetine bought on the market at random and found that many dogs under moderate doses would develop severe diarrhea and finally succumb. Two of their patients died, one probably of uremia although he had been given emetine and showed some symptoms resembling emetine intoxication. The other was a woman who had a severe gastroenteritis but she finally recovered. Our patient had a very severe secondary anemia. He died probably of bronchopneumonia and acute dilatation of the heart. There was nothing in the gastrointestinal tract

to suggest emetine intoxication. The large intestine showed amebic ulcerations and thickening.

#### DISCUSSION.

DR. QUINTON O. GILBERT: The case reported by Dr. Schmidt is very interesting because the amebae were so large, and fulfilled every requirement for *Entamoeba histolytica*, i. e., large size, rapid motility, differentiation of ectosarc, inclusion of erythrocytes and indistinct form of the nucleus. In the pathogenic forms, when motile, the nucleus is very indistinct and only as the organisms become quiescent can one definitely make out the pale chromatin bodies in the ring shaped nucleus. These were distinctly seen in this case.

Two years ago I had a patient at St. Joseph's Retreat who had amebic dysentery and the large pathogenic amebae were found as in this patient. It was a psychiatric patient, who had had a more or less persistent diarrhea for nine years, was a resident of Northern Ohio and had never been farther south than West Virginia.

Although we have had other cases of amebic dysentery in our Clinic, none of them showed the truly characteristic amebae except the patient reported by Dr. Schmidt at this time. In my patient the trichomonas intestinalis were present also in great numbers. This patient received three doses of neosalvarsan intravenously, which caused the amebae to disappear from the stools.

DR. UDO J. WILE: It may be interesting to call attention to the fact that emetine enjoys some reputation as an efficient drug in the cure of pyorrhea. In this connection I know of one report by Dr. Engman of St. Louis in which a case of pyorrhea is described with amebae found in the gum and the case went on to very complete cure under the emetine treatment.

DR. VICTOR C. VAUGHAN: I know nothing especially about amebic dysentery. I enjoyed Dr. Schmidt's paper very much. I believe that amebic dysentery is pretty widely distributed over the world. It was reported almost simultaneously along about 1878 by Lösh in St. Petersburg and by Kartulis in Cairo, Egypt.

DR. JAMES G. VAN ZWALUWENBURG: I would like to call attention to a case in this Hospital some years ago, in which the diagnosis of "sprue" was seriously entertained and my minority report has always been of that import. The patient was a missionary returning from China, the diagnosis of sprue had already been made in another hospital, and she afterwards died in still a third hospital as a case of sprue. However, this case is not listed here under that diagnosis.

In connection with the cases of amebiasis reported tonight, allow me to emphasize the fact that not all cases are imported. During my connection with the Clinic we had at least two cases that were strictly indigenous, both coming from Detroit.

## A CASE OF ATONIC SENILE ECTROPION TREATED BY PLASTIC OPERATION.

GEORGE SLOCUM, M.D.

(From the Ophthalmologic Clinic, University Hospital, Ann Arbor, Michigan).

The case we have to bring before the Clinical Society is a long standing, senile ectropion of the flaccid type dating back some twelve or fourteen years. The patient comes to the Hospital for the removal of a senile cataract but its removal must be postponed until the lid has been restored to its normal position and the hypertrophic conjunctivitis cured.

Ectropion may result from several causes among which may be mentioned chronic hypertrophic conjunctivitis, a relaxed flaccid condition of the lower lid and cicatricial contraction from burns or wounds of the orbicular region. The operation decided upon will depend largely upon the type to which the ectropion belongs. As the flaccid type develops the lid margin drops away from the eyeball, the conjunctiva becomes inflamed from exposure, and the eyes fill with tears because the punctum no longer approximates the lacus lachrymalis. Long continued exposure results in marked hypertrophic changes and the lid turns more and more outward. Because of the nature of the etiology, palliative treatment is most unsatisfactory in this class of cases, although after operation it is usually necessary to use alum stick or some other astringent to stimulate absorption of the hypertrophic inflammatory products.

For cases with but little relaxation the simplest operation consists in making a row of cautery punctures parallel to and a short distance from the lid border; in the hypertrophic conjunctiva using for the purpose a pointed galvano cautery after the method advised by Ziegler. For the more pronounced cases a more radical procedure gives better results. The operation performed by Dr. Parker in this case was the Szymanowski-Kuhnt operation, also called the Dieffenbach-Kuhnt operation, though it would seem necessary if full credit is to be given that the name of Mueller should be added to the names of these three surgeons: Dieffenbach-Szymanowski-Kuhnt-Mueller operation.

The operation devised by Dieffenbach consisted in removing a triangular piece of skin from the neighborhood of the outer canthus. A cut was made horizontally outward long enough to equal the relaxation of the lower lid;

a second cut was made from the external canthus straight downward and of about equal length; the distal ends of these incisions were then united and the included triangular piece of skin was removed. The skin of the outer half of the eyelid was next undermined and the lid severed from its attachment to the external canthal ligament; the lid was now sutured to the outer skin margin of the denuded triangle.

Szymanowski modified this procedure by making the first incision from the outer canthus up and out instead of directly out. The other steps were much the same. The improvement consists in a better elevation of the outer canthus.

Kuhnt's operation consisted in splitting the lid near its center from the intermarginal line deeply into the tarsus with a keratome. A triangular piece of conjunctiva and tarsus was then removed and the tarso-mucous margins brought together with sutures. This procedure leaves a rather unpleasant wrinkling of the loose skin to obviate which Mueller split the whole outer portion of the lid and distributed the loose skin above the lid border by properly placed sutures. The operation was finally perfected by taking out the tarso mucous wedge shaped piece as done by Kuhnt, splitting the lids as done by Mueller, and finally removing the triangular skin area from the area external to the canthus according to the Szymanowski-Dieffenbach procedure. This operation shortens both the tarso-mucous and the musculo-cutaneous layers without danger of notching the lid border, takes up the laxity of skin, supports the outer canthus, and approximates the punctum to the lacus, meeting all the requirements in a very satisfactory manner. It is obvious that caution should be used not to remove too large a piece of the tarso-mucous layer nor of the skin at the outer canthus. If on trial, too small a piece has been excised a larger piece can be removed before the sutures are placed. The central sutures are tied on the conjunctival surface. The split surfaces of the lid are held in apposition by a through and through suture near to, but not crossing the lid border and tied on the skin surface over a bead or roll of rubber protective. Two or three skin sutures usually serve at the outer margins of the denuded area.

The photograph taken before the operation does not show the extent of the deformity corrected, for the patient unfortunately looked down instead of straight ahead as he should have done when the picture was taken.



## RESULTS AFTER PROSTATECTOMY.

IRA D. LOREE, M.D.

AND

R. W. KRAFT, M.D.

(From the Genito Urinary Clinic, University Hospital, Ann Arbor, Michigan).

During the fiscal school year of 1914-15 there were forty patients with senile hypertrophy of the prostate enrolled in the Genito Urinary Service. These patients were referred by the practitioners of the several states which contribute patients to the University Hospital. Because of the crowded condition of the Hospital fourteen of this number could not obtain beds. Two-thirds of these patients were farmers with limited means, and did not accept their physician's advice to seek surgical relief until their condition had, in most instances, become critical. Of the remaining twenty-six patients but one was refused operation. He had an enormously distended bladder when first examined. The functional kidney test (phenol-sulphone-phthalein) for two hour sample of urine being too low for a reading, the routine procedure in such cases of estimating the urea content of the blood was carried out and found to be 3.50. This patient died in a uremic convulsion five days after admission. Extreme distention with its resulting serious kidney involvement is commonly encountered in this Clinic.

Out of the twenty-five patients who were operated upon, one died of pneumonia. The remaining twenty-four not only recovered from the operation but were satisfied with the results. The nearest approach to a permanent fistula occurred in a patient who left the Hospital against advice. He returned five months later with tenesmus and inability to pass much urine per urethram. We removed a flat, oblong piece of organized tissue, probably a slough, which had occluded the orifice. Following its removal, the suprapubic opening quickly healed.

Two patients had been previously operated upon for removal of the gland by the perineal route. One of these, operated ten years before, had had a suprapubic incision made for drainage one year later. He had passed all his urine through this opening for nine years. The perineal operation upon the second man had been performed six years before without beneficial results. There were good-sized masses of prostatic tissue removed from each patient.

The material is of interest, not alone from the standpoint of the advanced ages of the patients, but because of the long time the disease had been allowed to run and the resulting complications. The average age of the patients

was sixty-five years, the extremes being eighty and fifty-three years. Two-thirds of them were farmers. The average duration of the present trouble was six years. The extreme duration was thirty years, occurring in the oldest patient of the series, who made an uninterrupted recovery in thirty days.

The average length of time the patients remained in the Hospital after prostatectomy was thirty-one days. The shortest was sixteen days and the longest fifty-four days.

Through the courtesy of the Department of Internal Medicine, to which many of these patients are referred for expert physical findings, we are indebted for the following diagnoses in some of these patients:

Arteriosclerosis with senility.

Chronic interstitial nephritis with cardiac hypertrophy.

Persistent irregular pulse with pulmonary tuberculosis.

Hemiplegia with brain softening.

One interesting case referred to this service from the Psychopathic Hospital with a diagnosis of senile dementia, epilepsy and hemiplegia, was successfully operated upon and returned to that service. The medical findings were myocarditis, nephritis and emphysema with irregular pulse. The patient was cyanotic, dyspneic and weighed two hundred and twenty pounds.

A positive history of gonorrhea was obtained only in one case. A positive history of some hematogenous infection was obtained in every case. Merely suggestive is the fact that three-fourths of the patients gave a history of typhoid fever, typhoid malaria, or rheumatic fever. It will be of special interest to determine during the following years the importance of the above observation. Not a single case of carcinoma of the prostate, in another series, gave a history of typhoid. Only five patients used tobacco or intoxicants, both being suggested at one time, as etiologic factors.

We insist upon the history of these patients including, beside the usual symptomatology, the record of a complete physical examination; blood examination; blood pressure and a Wassermann. In parenthesis, it is of interest to know that in patients of advanced age the Wassermann is of little value. It may be negative on the blood of such a patient with an active gummatous lesion of the nose, a definite C. N. S. lues, and positive spinal fluid. Residual urine is carefully recorded unless abdominal palpation indicates overdistention, in which case five to six ounces of urine are allowed to flow out

through an indwelling catheter every hour until the bladder is emptied. We have discontinued the routine use of the permanent catheter unless the time for operation is delayed for a few days after the patient enters the Hospital.

If digital examination per rectum reveals little or no enlargement in a suspected case, cystoscopic examination is made to detect, if possible, the presence of a median lobe or a fibrous ring. When the functional kidney test is below 10 per cent. for two hours, ten cubic centimeters of blood are withdrawn and an estimation is made of its urea content.

The two stage suprapubic prostatectomy is alone employed in this Clinic, the preliminary cystotomy being performed under 2 per cent. novocain anesthesia. After opening the bladder, digital examination of its walls and the prostate is made, after which a good-sized rubber tube drain is inserted and the bladder wall stitched tightly about it. We consider this a much more efficacious method of drainage than a permanent catheter per urethram or one placed by means of the trochar and canula. The urine drains into a bottle placed in a pocket on the patient's abdominal bandage, and he is up and about the day following the operation. The patient's appetite, dry tongue and general condition improve rapidly after the above procedure. However, in but one case was there an increase in the phenol-sulphonephthalein output.

The time for the second operation depends upon the rapidity of improvement. In the majority of the patients of this series it was performed at the end of one week. One patient was kept six weeks before it was deemed advisable to subject him to the strain of the second operation. Under gas-oxygen anesthesia the finger is pushed into the bladder through the old incision and the gland is enucleated. A Hagner bag is then introduced to control hemorrhage, and after its removal, at the end of twenty-four to thirty-six hours, a large-sized soft rubber catheter is inserted into the bladder. After the stitches are removed the wound is held tightly about the catheter with gauze and collodion. The first requisite in the postoperative care is to keep the patient dry. This is made possible in 98 per cent. of cases, by dressing them daily with renewal of the gauze and collodion as they begin to loosen.

#### DISCUSSION.

DR. IRA D. LOREE: The increase in the number of old men coming to the Hospital for senile hypertrophy of the prostate is probably in ratio with the increase in the other services of the Hospital.

About ten years ago when Dr. Ferguson of Chicago, who is now dead, came to Ann Arbor to address one of the local societies, he told me that he had performed eighteen operations for senile hypertrophy with one death. This was at that time quite an enviable record. There had been only two or three prostatectomies performed in Ann Arbor at that time to my knowledge.

One of the objects of Dr. Kraft's paper as you probably well understand is to show you the class of patients we have coming here with this trouble. I don't believe any Clinic in this country has a class of patients with more complications or any poorer risks. Much of the credit of the success of this series is due to Dr. Kraft because he had the after care and that has a great deal to do with getting them well. His watchword was to keep them dry. We mean here by keeping them dry to keep them dry twenty-four hours of the day. Dr. Kraft's work would be better appreciated if you would go into some of the clinics not only in this country, but abroad, and see how these poor patients wallow in urine soaked dressings and bed clothing. As Dr. Kraft has well said, we kept 98 per cent. of them dry all the time.

DR. HARRY MALEJAN: I would like to say a few words about the double stage operation. About three or four days after performing the first stage of the operation under local anesthesia the patient, as a rule, shows beginning symptoms of uremia. The urinary output diminishes to 500-700 cubic centimeters. The phthalein content drops to 15-20 per cent. and the urine boils solid with albumin. The tongue of the patient is dry, parched, and the temperature subnormal. The patient has anorexia and is apathetic. The peculiar balance existing in the nervous control of the secretion of urine, kidney and heart is disturbed. This condition lasts four or five days, then there is more copious secretion of urine, the phthalein output is increased, less albumin occurs in the urine, and the patient's general condition improves, and he is ready for the second operation. In our Clinic since I have been here I believe our mortality has decreased due to the double stage operation.

DR. HARRY B. SCHMIDT: I have seen a number of Dr. Loree's cases referred for medical examination and I should say that a good 50 per cent. are lucky to be alive when they reach the Hospital. When they tell me they are going to have their prostates removed, I am greatly surprised. It is a wonder to me that half of them recover.

DR. ROLLAN KRAFT: One of the most interesting things is the etiology which naturally cropped up in going over the histories. Three-fourths of the patients show a hematogenous infection at some time. This has been noted by other observers. These infections were diagnosed rheumatic fever, typhoid fever, malaria, etc., but all of them may have been typhoid. I thought that during the coming year it would be interesting to try Widal's on these patients.

DR. HARRY B. SCHMIDT: Most of these cases have hypertension and show uremia and nephritis. Do the majority of these cases have true chronic interstitial nephritis or is it an old ascending pyelitis?

DR. IRA D. LOREE: Most of them are secondary conditions from the bladder, I believe.

## ALFRED FOURNIER—AN APPRECIATION.

WARREN T. VAUGHAN, M.D.

In the death of Jean Alfred Fournier, who died in Paris in December, 1914, we have lost one of the greatest of modern scientific clinicians. Although a broad man and well versed in the various branches of medicine, he devoted particular attention even from the time of his internship to the study of syphilis in its various phases. His broad clinical experience combined with his remarkable ability to differentiate the various pathologic processes enabled him to recognize an unsuspected syphilis as the etiologic factor in various diseases previously not classed as syphilitic.

In his teachings, Fournier insisted upon the duality of chancre and chancroid. He was the first to assert the etiologic relationship between gonorrhea and rheumatism. He described spontaneous or metastatic gonorrheal conjunctivitis, not resulting from external transportation. He was the first to make the claim that tabes and paresis were of specific origin. In fact he created an entirely new class of syphilids, the "parasymphilids," morbid conditions which are often if not always specific or heredospecific in origin, but which clinically do not appear syphilitic. These conditions have two characteristics, first, that they can occur without any luetic signs whatsoever, and second, they are relatively uninfluenced by mercury and iodine.

Included within this category were pigmentary syphilids, neurasthenia, hysteria, tabes, general paralysis, epilepsy, certain progressive amyotrophies, hereditary dystrophies, hydrocephalus, Little's disease, and leukoplakia buccalis. He also suggested the occasional luetic etiology of diabetes, hemoglobinuria, certain tertiary erythemas, and a variety of alopecia. It is now an established fact that pancreatic syphilis tends to be associated with glycosuria.

It was this directing idea that syphilis was ubiquitous, which led to Fournier's numerous surprising discoveries.

From the beginning of his career he had the habit in his extensive private practice, of jotting down a note at each visit of each one of his patients. He thus accumulated a veritable pathologic museum. Concerning this he has said, "I have made myself a collector in syphilis just as fancy or curiosity invite others to become collectors of pictures, of books, of trinkets, of autographs, of snuff boxes. It is thanks to these notes that I have been able to first convince myself, and then convince my col-

leagues of the pathogenic relationship between syphilis, general paralysis, leukoplakia, and the heredospecific dystrophies.

Perhaps his greatest title to renown lies in his theories concerning hereditary syphilis. In his "Latent Hereditary Syphilis" published in 1886, he described with precision the stigmata of heredosyphilis, the cranial bosses, saddle back nose, sabre shin, and the typical alterations in permanent teeth. He also suggested the possibility of heredosyphilis affecting the second generation, a view which today is receiving much study.

A most important contribution was Fournier's "Syphilis Secondaire Tardive," in which he demonstrated that luetic subjects in the tertiary stage might, contrary to the rule, transmit the disease even as long as ten years post infectionem. This is accounted for by the recurrence of late secondary manifestations, which may be roseolaform, or papulosquamous lesions on the palms and the plantar surfaces, or mucous patches, which occur especially on the buccal and genital mucosae. These he demonstrated to be contagious ten years after infection, and occasionally as long as thirty years after. The etiology of these recurrences is to be sought according to him in insufficient treatment. The danger from such cases is apparent.

His "Treatment of Syphilis," which first appeared in 1893, contained essentially everything that is known thereof today, with the exception of but two things, salvarsan and the spirochaeta pallida. It has well been said that Fournier was twenty-five years ahead of the rest of the medical profession. In this book he makes a strong plea for the treatment of syphilis no longer as a venereal disease, but as a social problem, and clinically as a chronic systemic infection.

He remarks as follows:

"What we learn at the hospital is the treatment of certain syphilitic lesions: but this is not the treatment of syphilis. It is not the treatment of syphilis as a diathesis—as a chronic disease requiring prolonged treatment of several years duration. This is because at the hospital we only have to treat the "episodes" of syphilis, if I may use the term; because, when hardly cured, or even only relieved of their actual lesions, patients hasten to leave and disappear. To treat syphilis is not only to attack and cure the manifestations of a day, or even of a period; it is also and especially to attack the disease as a whole—to attack it when patent and latent; to lay hold of its primary



cause. It is to institute with this object a treatment of long duration, almost chronic, which alone is sufficient to realize preventive effects."

He thus became the exponent of the interrupted treatment, as against the previously practised treatment of acute symptoms, only, and suggested his "Chronic Intermittent Treatment," biennial courses throughout a period of five or ten years, with the object of sterilizing the disease in its incipency and then preventing its later accidents and its transmission to descendants. He has consequently very little patience with the abortive treatment of chancre, which consisted in the dissection of the glands, cauterization, and excision of the primary lesion. His views are well given in the following quotation:

"Langston Parker cauterized a chancre of only two hours duration, without preventing constitutional infection. Another case is reported concerning a man who ruptured his frenum during sexual intercourse. This was cauterized eleven hours afterwards with fuming nitric acid. The wound healed, but a month later the cicatrix became indurated, and secondary symptoms followed. Cauterization of a syphilitic chancre even in its earliest stage, is absolutely powerless to prevent constitutional infection.

"A young man had a slight abrasion of the prepuce after coitus. A few days afterwards he learned on good authority that the woman with whom he had connection had recently communicated syphilis to two of his friends. The next day circumcision was performed, and nothing happened for more than two months except slight glandular swelling, which was attributed to inflammatory reaction. Then a roseola appeared, soon followed by divers secondary symptoms, for which I treated him.

"Even if we amputated the penis as soon as the chancre appeared, syphilis would none the less certainly follow."

Incomparable as a diagnostician, the most advanced in methods of treatment, Fournier also directed his attention to the problem of prevention. He saw the grave dangers to society from the rapidly spreading disease, and he was foremost in instigation of prophylactic measures. He it was who founded the "French Society for Sanitary and Moral Prophylaxis," "a league against syphilis," an institution which has since become international.

In his lectures on "Syphilis and Marriage," he remarks:

"It will happen to you often, gentlemen, in the course of your practice, to see a patient, known or unknown to you present himself in your office, who, with countenance preoccupied, almost anxious, will address you as follows: 'Doctor, I am contemplating marriage. I have not always been discreet in my bachelor life, and what is worse, I have not always been fortunate. I contracted syphilis at such a time. I have had such and such accidents. I have been treated in such and such a manner. The matter is now a serious one to me. I have come to ask you if I am thoroughly cured and if I can, without danger for my wife, without danger for my prospective children contract the union which I propose.'

"Now when such a request is addressed to you, gentlemen, do not misapprehend the gravity of the situation. Your response involves interests the most serious, the most sacred, the most dear to the heart of every honorable man, of every respectable family, as well as interests the most diverse and the most multiplied. By this opinion which you are about to formulate, you incur a responsibility which I can not otherwise characterize than as considerable; and I do not think I exaggerate in saying that in the province of the physician there are few problems to solve on the one hand so grave, and on the other hand so complex, so difficult, so delicate, as this.

"Take my word for it, gentlemen, I have witnessed many scenes, many dramas of this kind, and I declare I know of no position more heart rending, more lamentable, more atrocious, than that of a man who has introduced the pox into his little household; than the situation of this man, first in regard to his disconsolate, weeping wife, whose tears are not even accompanied with recriminations, or complaints, for love and affection readily forgive; second, in regard to a new family that will not pardon, that has the right to be severe, and exercises that right; third, in regard to the infant, which miserably vegetates, and instead of being the beautiful child dreamed of by the relatives and the mother, is to everyone, even to the nearest of kin, but an object of disgust and horror; fourth, finally, in regard to an infected nurse, who threatens, who makes scandal, who divulges, who throws disgrace upon the family. Picture to yourselves such a scene, gentlemen, and judge of the regret, of the martyrdom of the man who has caused such afflictions.

"If it is not the province of men of the world and of patients to know what the effects of the pox not treated may be, after a long

interval, it is our province to know this, and to instruct those who are ignorant. It is our mission to divert from marriage every patient who presents himself to us with a syphilis, insufficiently treated; to dissuade him from it, to his own great advantage and to the great advantage of others, and to say to him, with the authority of our conscience and our character; 'No, sir, no, it is not allowable, in your present condition for you to dream of marriage. Until now, you have thought it best to live with the pox, to preserve the pox. That was your right, and no one had anything to say, for you were single, and consequently alone liable for your imprudence. But now, since you aspire to marriage, the situation becomes very different. To marry is to have charge of lives, and since you do me the honor to consult me, you make it my duty to remind you that you have not the moral right to associate others in your personal risks—that is to say, to make a wife and children share the possible consequences of your disease.'

This accompanies a most instructive treatise on syphilis in the family, and the physician's conduct therein. In the same book he considers the relations of syphilis to the wet nurse, and does not fail to emphasize the importance of the physician's refusing to allow a healthy nurse to suckle a syphilitic child. The most distressing example of failure to adhere to this rule, he quotes as follows: "A syphilitic child infects its nurse. This nurse, in order to empty her breast, suckles three nurslings, all three of which take syphilis. Each of these children infects its mother; each of these three mothers infects her husband. Count: ten syphilitic contaminations derived par ricochet from the syphilis of a nursling. And do they stop here?"

In his efforts to prevent syphilis in the locality wherein it is most frequently contracted, namely in the brothel, Fournier endeavored, through his "League Against Syphilis," to pass administrative measures in harmony with the following principles:

First, that prostitution creates a public danger, by the venereal contagion which it spreads among the community.

Second, that prostitution should be supervised, and if possible suppressed by the public authorities.

Third, that the system of free and non-supervised prostitution is disastrous to the public health.

Fourth, that public solicitation, which forms the only external sign by which prostitution can

be legally attacked, should be suppressed in all its forms.

He suggests the following measures for the control of prostitution:

1. "In the interest of public health, women recognized as guilty of public solicitation should be submitted to periodic medical examination.

2. "Those women who are found by this examination to be affected with venereal disease, especially syphilis, should be confined to a special venereal hospital.

3. "Registered women should be uniformly submitted to a weekly visit at a fixed date; also a supplementary surprise visit, which should be made monthly by a medical inspector.

4. "Each of these visits should be complete, and be directed chiefly to examination of the genital organs and the mouth.

5. "The special hospitals for prostitutes, the consultations, and the medicines should be gratuitous."

This altruistic work was, of course, opposed by many, so called "prudes," on the grounds that it interfered with the liberty of the women under consideration, it made of them slaves, domestic animals. Also, that it interfered with the course of justice; syphilis being a merited disease, those who subjected themselves to the possibility of infection were but receiving their just deserts. Further, that eradication of syphilis would remove all restraint from venerey, and that the disease should therefore be cherished, and carefully protected from extermination.

It is interesting to examine a few of Fournier's replies to these criticisms:

"This austere and unjust doctrine would take us several centuries backwards to the good old times, when syphilis was regarded as a well merited expiation, as a chastisement inflicted on sinners by the Divine wrath; when, in the hospitals for patients affected with the 'Great Pox,' as it was then called, a good beating constituted the whole treatment of the disease,—a method which had only an indifferent therapeutic effect.

"It does not recognize hereditary syphilis, syphilis in married women, syphilis of wet nurses, and sucklings, professional syphilis, domestic syphilis, accidental syphilis, etc. Let us ask these rigid moralists, how many men of our day are there who have not exposed themselves to the risk of contracting syphilis, and 'merited' it, at any rate, once, in their lives? In truth, if those only, who are absolutely 'without sin' were authorized to 'cast the first stone,' at the unfortunate syphilitics, I should

have little fear of the effect of the stoning on our patients.

"One of my patients, a respectable married man, after a dinner with some college friends, visited a brothel in Paris, 'out of curiosity.' Having several glasses of champagne too much in his head, he allowed himself to be led astray, and contracted syphilis, which he soon communicated to his wife.

"It is thus that syphilis often passes from the garret to the palace, from the lowest brothel to the virtuous woman's boudoir, and even to the child's cradle. Therefore, there is no hearth that can be indifferent to the prevention of syphilis. To cleanse the brothel is not only to protect those who frequent it; it is also to protect the family hearth, the honest woman, the child, and the race.

"The interference and regulation by the police, has been denounced as constituting an abuse of power, and even a violation of individual liberty. I confess that the liberty to give syphilis to the passers-by on the public thoroughfares seems to be as little rational as giving liberty to a mad dog.

"Let us, by good sense, enlightened by clinical experience, confer on society the right, I might even say the obligation, to defend itself against the terrible plague of venereal affections, and this I repeat, in the name of the sacred interests of the virtuous woman, the child, the family, and the country."

After a prolonged illness which had gradually robbed him of his health, and of his former marvellous keenness of thought, Jean Alfred Fournier died in December, 1914, very happily having been spared in his last days a clear con-

sciousness of the tragic events that were happening in the field of battle about him.

If I have succeeded in imparting to you a portion of the enthusiasm, and the pleasure that I have experienced in the reading of the works of Alfred Fournier, let me close with this eulogy to him, written by one of his German confrères, since the onset of the present war.

"The news of the death of our great preceptor, fills us with deepest emotion. Our beloved teacher has left this earth to enjoy a deserved peace in the celestial fields. His abode, yonder must be one of the most beautiful, for his life on this earth was most fruitful for our science, and for all mankind. But we must content ourselves with his great works, which remain to us that we may still derive benefit therefrom."

#### DISCUSSION.

DR. UDO J. WILE: Those of us who had the opportunity of listening to the life of Jonathan Hutchinson must be struck with the contrast between the lives of these two men. In the case of Hutchinson, a man who did his best work up to middle life. After that the infirmities of age came on him very rapidly and although he maintained his reputation to the last, it is sad to note that he held some theories which were ridiculous, for instance, the contagiousness of leprosy from the eating of bad fish, and the identity of yaws with syphilis. In the case of Fournier, up to the very last years of his life, a man well over 80, of a leontine type, extremely fresh manner and as impressive in his manner as he must have been when a young man. His book, *Le Traité de la Syphilis* is still the only text which we have and that book, although it does not include the spirochete or the salvarsan treatment, is still admirably adapted to the student.

#### DO YOU KNOW THAT

Scarlet fever kills over 10,000 Americans each year?

He who builds up health lays up treasure in the Bank of Nature?

Intelligent motherhood conserves the nation's best crop?

Heavy eating like heavy drinking shortens life?

The registration of sickness is even more important than the registration of deaths?

The U. S. Public Health Service co-operates with state and local authorities to improve rural sanitation?

Many a severe cold ends in tuberculosis?

Sedentary habits shorten life?

Neglected adenoids and defective teeth in childhood menace adult health?

A low infant mortality rate indicates high community intelligence?

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Or why is it that so many of them permit their outstanding collections to get into such deplorable shape?

Undoubtedly there is quite a "knack" in collecting. If your own efforts are not getting the money, then by all means place your accounts in the proper hands for expert attention, for the longer the accounts stand the less you will realize on them. It's now generally conceded, too, that a number of bad accounts foretells declining prestige.

Read the ad. of the Publishers Adjusting Association on page VIII and send them your business. Firm, though diplomatic, their efforts get you the money.



## Official Report Fifty-First Annual Meeting Michigan State Medical Society

Houghton, August 15-16-17, 1916

### FIRST GENERAL SESSION.

#### MASONIC TEMPLE.

WEDNESDAY, AUGUST 16, 1916 AT 10 A. M.

The Society met in the Masonic Temple and was called to order at 10 A. M. by the President, Dr. A. W. Hornbogen, Marquette.

Rev. William Ried Cross delivered the following invocation.

#### PRAYER BY MR. CROSS.

Almighty God, the fountain of all wisdom, who alone can teach the minds of men and incline their wills to do Thy pleasure, we beseech Thee at this time to so illuminate the minds of the members of this convention and to so dispose their hearts and control their wills that their deliberations here may be in the furtherance of truth. Grant them seriously the solemn truth committed to them so that they may discharge their duties faithfully and with good conscience in Thy sight. Grant them such a spirit of discernment and such integrity of purpose that their conference will result in being a real contribution to the health and well-being of the people, so that Thy great name may be glorified and the people abundantly blessed. For these and all other mercies we thank Thee in the name of and through Jesus Christ Our Lord.

The Grace of our Lord, Jesus Christ, and the love of God and the fellowship of the Holy Ghost, be with you, evermore. Amen.

President Hornbogen then introduced Hon. G. T. Hartman, Mayor of Houghton, who delivered the following

#### ADDRESS OF WELCOME.

Mr. President, Ladies and Members of the Michigan State Medical Society: To me has been allotted the pleasant task to extend to you, on behalf of our people, a most sincere and hearty welcome, and to assure you of our deep appreciation of the honor conferred upon us by your choice of Houghton for your annual meeting.

While we greet you with open arms and with a warm welcome, we know that many of your homes regret your absence and long for your return, that you may administer to confiding patients, many of whom will count the days till you return. I know of no class of men who are so closely associated with the family life of our communities, as

members of the medical profession. None have a better knowledge of the manner of living, the moral condition, the evils and sins of our communities, the joy and happiness, the sorrows and griefs of our people.

I may further truthfully say that no class of men, in any profession, undergo the same ordeals, mental and bodily strain, unselfish loss of rest, and faithful performance of duty, conspicuously notable of the men in your profession. None can compare in the beneficial results of your unceasing efforts for the relief of suffering humanity and the prevention of disease. So that your mission is a glorious one. You as benefactors of mankind are in a class alone. Devoted, unselfish, self-sacrificing, and I may add beloved by those who look to you for protection and salvation. Recognizing your importance to mankind, we give you the same warm-hearted welcome which your anxious patients will afford you upon your return to your homes.

We fully appreciate that whatever good results from your meeting will inure to the benefit of mankind. We trust that your deliberations and plans will be fruitful of much good and still further aid you in your noble and glorious profession. (Applause).

We trust also that your visit will prove to be a restful, pleasant vacation, which you no doubt deserve, and I know that every citizen will assist in every possible way to make your visit enjoyable, and that you will leave us with pleasant recollections of our big little town.

Assuring you that no one could receive a more hearty welcome from our people, and knowing that they will demonstrate this by their acts in providing for your comfort and enjoyment, I extend to you the freedom of Houghton. (Loud applause).

THE PRESIDENT: We will now listen to an address of welcome by Dr. P. D. Bourland, President of the Houghton County Medical Society.

#### ADDRESS OF WELCOME BY DR. BOURLAND.

Mr. President and Fellow Members of the Michigan State Medical Society: The Medical Society of Houghton, Keweenaw and Baraga Counties is proud to welcome the Michigan State Medical Society to the Copper Country. We are glad of the opportunity to pay the social debt which has been accumulating for so many years and equally glad to be able to introduce our part of Michigan and its interesting and more or less unique institutions

to such an important and influential body of men as that constituting the membership of this society, many of whom, I dare say, have never before visited this peninsula.

In order to accomplish these objects we have planned to spend as much time out of doors as is possible, under the governing circumstances, and we have tried to so arrange that sight-seeing and the pursuit of knowledge shall not come into too violent conflict.

The citizens of the entire district are much interested in this meeting. I really believe it cannot be disputed that we have the most unselfish and spontaneous citizens to be found anywhere. The promotion of this enterprise has been a positive pleasure, so many have been the offers of assistance and so general the manifestation of interest. This public acknowledgment of our indebtedness and this cordial expression of thanks are certainly due to our fellow citizens and should help to indicate to our guests the true measure of the welcome.

Among the features which may legitimately claim a share of your attention apart from the great object of your visit, are the medical institutions maintained in connection with certain mining companies. A visit to these places, opportunity for which will be provided, will naturally lead to inquiry concerning the method of medical service generally prevalent throughout this district, namely, the so-called company medical service. We invite you to a thorough understanding of this subject with the feeling that your investigation may satisfy you that we are fully abreast of the times, if not a little in advance of them, viewing the situation from the meeting point of medicine and sociology.

In addition to the company hospitals, you will of course find commodious and thoroughly equipped public hospitals. It is not without pride that I mention in this connection the existence of a well managed and reasonably adequate tuberculosis sanitarium.

The mines and mills and smelters will not fail to interest you and to enlarge your view of the copper-producing industry. The magnitude of the equipment, the truly generous scale on which the business is conducted cannot but excite your wonder, and the precise methods by which the copper is separated from the rock, ranging, as they do from the Herculean operation of reducing to sand thousands of tons of rock each day, to the truly delicate physical and chemical methods of separating that sand from the most minute particles of copper must appeal to any one of scientific instinct.

The mining companies have very generously offered to furnish guides to all who may wish to visit their surface equipments.

In conclusion, gentlemen, I hope that you may catch and carry away with you some of the soul of the copper country. It is good to have it within you and about you. It is generous and helpful; it unites and stabilizes. It helps bring about a state of true fraternalism. It welcomes you most sincerely. (Loud applause).

THE PRESIDENT: In behalf of the members of the Michigan State Medical Society, I desire to express our thanks and appreciation for the cordial words of welcome that have been extended to us. For the first time in its his-

tory, this Society has selected for its place of meeting the Upper Peninsula of Michigan, a part of the state so wondrous in its beautiful scenery, so magical in its charm, and so romantic in its history. These things, together with its wonderful development, its unlimited resources, and its hospitable people, will tend to make our stay most enjoyable and instructive. I thank you. (Applause).

It gives me very great pleasure to introduce to you Dr. C. B. Burr, of Flint, who will respond to the address of welcome on behalf of the profession of the Lower Peninsula.

#### RESPONSE BY DR. BURR.

Mr. President and Members of the Michigan State Medical Society: This is wholly a new function, and I have been somewhat at a loss to know how to pull it off. We come, Mr. President, from the lower regions of the state—get the words “lower regions”—with apologies to Porter Emerson Brown who recently wrote that since Michigan put up Ford for President it was not legally entitled to be called a state but merely a condition. (Laughter).

We come from the lower regions in other portions of the state to pay our compliments to you men of the Upper Peninsula, whom we know so well and whom we love so well. We come actuated by different motives. Some are here actuated by purely scientific motives with that end in view, while others come with a desire to partake of the great hospitality of the Upper Peninsula for which it is so famous. We are all moved by that to a large extent, namely, the hospitality which has been so generously offered to all of us. A good many have come here with both of these ends in view.

One member of the society intimated to me that it would be a good thing to bring my golf sticks here. That man, Mr. President, was a former president of this Society. He said, “Bring your golf sticks; I am going to take mine.” I spurned the suggestion as I thought it was extremely disloyal to the Society that a man should come up here with the idea of playing golf; and besides, I don’t play golf well myself. (Laughter). But we are all a unit in one motive.

There were very pronounced rumors in the lower part of the state last year that this peninsula was going to secede from Michigan, and we came up here, all of us, to look around and see what there was in it. We came up here wearing our pleasantest smiles and best clothes and displaying our choicest manners in the hope of making ourselves so agreeable to you that you will never think of it again. (Applause). That is one reason why we are here, and it pays to do what I have just said we are trying to do.

I saw in the *Mining Journal* this morning an item to this effect, that for good looks we will match the Michigan State Medical Society with any society we have ever entertained in Houghton, including the bankers, the firemen and Knights Templar. (Applause). That is what good looks and good manners do.

Mr. President, this is a part of the country of great romantic interest as you have so well said, and we have come here fully expecting to enjoy ourselves to our heart's content, and we accept the hospitality which you have so gratefully extended to us, and we only ask that you people up here will regard us from this time on as deputy citizens of the Upper Peninsula. (Loud applause).

Dr. A. F. Fisher, Chairman of the Committee of Arrangements, made announcements as to the places of meeting of the various sections, and called attention to the entertainments that had been provided for the members of the Society and their guests.

The President then introduced V. Rev. Francis X. Barth, of Escanaba, who delivered an address entitled "Papal Physicians."

At the conclusion of the address, which was punctuated throughout its delivery with applause, Dr. Sawyer, of Hillsdale, moved that a vote of thanks be extended Father Barth for his absorbingly interesting, scholarly and instructive address, which motion was supported by several and carried unanimously by rising vote.

At this juncture, Dr. Louis J. Hirschman, of Detroit, Second Vice-President, took the Chair, and President A. W. Hornbogen delivered his address. He selected for his subject "A Review of Medicine and Surgery With Especial Reference to the European War."

Under the head of Miscellaneous Business, Dr. F. B. Tibbals, of Detroit, said: Mr. Harper Barber who, for the Medico-Legal Committee tries cases all over this state writes me of two judges before whom he has tried cases, and of the two, Judge Main, of Charlevoix, stands out preeminently as being in a position to take and accept the viewpoint of the doctors. He is a candidate for the Supreme Bench among other men. I do not know who the other men are, but I thought this matter was of sufficient importance to the medical profession in this state to bring it before you. We do not want partiality on the Supreme Bench; we want simply justice, and to get that we must be interested in having a man on the Supreme Bench who sees the doctor's viewpoint as the ordinary lawyer, learned though he be, does not. Judge Main is the father of a doctor who has been interested in medicine always, and with him on the bench we may be sure of justice in those cases which reach the Supreme Bench on appeal. Therefore, I want to suggest to you that you carry this name home with you and use your influence with your friends in voting at the primaries for Judge Main of Charlevoix. (Applause).

It was moved that the automobile ride, which was set for 3 p. m., be postponed until 5 p. m. to give time for the section work. Seconded.

Dr. Fisher, of Hancock, called attention to the fact that automobiles had been arranged for definitely at 3 o'clock, and that any change would cause great inconvenience.

Dr. C. B. Burr, of Flint, moved as an amendment that the Society comply with the wishes of the Local Committee of Arrangements. Seconded.

Dr. Reuben Peterson, of Ann Arbor, moved as a substitute, that because of the hospitality extended by the physicians of the Upper Peninsula, the Society omit its section meetings this afternoon and go on a joy ride.

The substitute was seconded and on being put to a vote was declared lost.

Dr. Brooks then moved that the sections meet at 1 and end promptly at 3 p. m.

This motion was supported by several and carried.

#### NOMINATION FOR PRESIDENT.

DR. DON M. CAMPBELL, Detroit: It is hardly necessary to place in nomination for the Presidency of this Society the name of a man who has done so much for it. He has the record of having attended all meetings of this Society for a quarter of a century. He has lent his influence to the best activities of the executive part of the Society—the Council. He has enriched the scientific meetings of the sections. Among his friends he is known as "Andrew the ready." He was born ready; he will always be ready, and he is ready to further the best interests of the Michigan State Medical Society. I therefore take great pleasure in presenting the name of Andrew P. Biddle, of Detroit, for President for the ensuing year. (Applause).

DR. J. A. MACMILLAN, Detroit: I do not know of anything that gives me greater pleasure than to second and support the nomination that has been made. Dr. Biddle has been one of the most indefatigable workers in the Michigan State Medical Society. He has probably done more to mould its constitution and to bring our society to its present state of efficiency than any other man. As a physician, he has more than a state wide reputation. He has a national reputation. He is eminently fitted by his attainments and by his high character to do honor to the position of President of this Society. He is a man of great executive and administrative ability and will reflect honor on us as physicians by electing him to this office.

Down East there was an eminent visitor from Europe. I believe he was visiting New York and was being entertained socially for some years. They met this man and spoke of him as a Biddle. Some of them said, "What on earth is a Biddle?" We do not have to ask that question in the State of Michigan. We know of but one Andrew Biddle, and I take great pleasure in seconding the nomination.

DR. A. M. HUME, of Owosso: Believing that I am personally representing the medical profession



outside of Detroit, I take great pleasure in seconding the nomination of Dr. Biddle.

DR. CHARLES H. BAKER, Bay City: I take the same position as Dr. Hume, and consequently I heartily second the nomination of Dr. Biddle, and if there are no other nominees, I move that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot of the Society for Dr. Biddle at the proper time.

Seconded and carried.

Adjourned.

## SECOND GENERAL SESSION.

The Second General Session was called to order in the Masonic Temple by President Hornbogen at 11:30 on the morning of August 17, 1916. The minutes of the previous meetings of the House of Delegates were read by the Secretary.

Moved by Dr. Burr, Flint, seconded by Dr. Hirschmann, Detroit, that the report of the House of Delegates be adopted as read. Carried.

Moved by Dr. W. T. Dodge, Big Rapids, that the Secretary be instructed to tender a letter of sympathy to Mrs. J. B. Murphy of Chicago expressing the sincere sympathy of the profession in Michigan in the death of her distinguished husband and that the condolence of the Society be expressed to her.

Seconded by Dr. A. P. Biddle, of Detroit. Carried.

### RESOLUTION DR. C. D. BROOKS OF WAYNE.

On behalf of the delegates representing the lower peninsula and in behalf of all the guests and members present I move you, Mr. President, that we extend a rising vote of thanks to the members of the Houghton County Medical Society for the entertainment and pleasure they have afforded us. I also move that the vote of thanks be conveyed to the Officials and Citizens of Houghton for their courteous and generous hospitality and to the local Press. Those of us who are from down below know how to appreciate this hospitality and it would be useless for us to try to meet it. (Applause).

Carried by rising vote.

The following resolutions presented by Dr. C. B. Burr, Flint, was adopted unanimously.

WHEREAS: Military exercises in early life favor a high degree of mental and physical development through quickening preception, improving organic functions and developing muscular and bone structures and

WHEREAS: Marching under the flag of the country, the symbol of governmental authority inculcates obedience, encourages loyalty and furnishes discipline in self control, Therefore be it

RESOLVED: That the Michigan State Medical Society recommend universal military training and

request the Michigan Congressional Delegation to exert itself to bring about effective legislation to this end.

RESOLVED: That copies of these resolutions be furnished by the Secretary to every member of the House of Representatives and Senate of the United States and to the various leagues and organizations interested in the propaganda for National defense.

The Secretary announced that 215 ballots were cast for Dr. A. P. Biddle, of Detroit, as President. President Hornbogen declared Dr. Biddle elected as President for the ensuing year and appointed Dr. Burr of Flint and Dr. West of Painesdale to escort the newly elected President to the Chair.

Dr. Hornbogen to President Biddle:

I take great pleasure in presenting you with this gavel which is an emblem of the Copper Country and which is the present of Dr. A. T. Abrams of Dollar Bay. I also feel proud to have the honor of pinning this badge of "President" upon you. I know it is the opinion of every member in the Society that you have indeed earned the honor of President which is now bestowed upon you.

Dr. Biddle responded as follows:

I wish to express the feeling which naturally occurs to one after the acceptance of such an honor as you gentlemen have conferred upon me. I am especially happy that this has taken place in the Copper Country because it is here I had the honor to be made Secretary of the Society some years ago and when I think of the many presidents who have gone before me and the problems they have met, I realize the importance of the duties of the President in behalf of the profession of our State Society. However, when I think of the good men who have gone before me, such as Frothingham, McLean, and Connor I somehow have the feeling in my heart that I did not deserve this recognition; but the love I have for you shall reflect back into me and I will thus be stimulated to do good work next year. Gentlemen, I accept with pleasure and gratitude this honor.

It was moved by Dr. Brooks of Wayne that the meeting adjourn. There being no further business the meeting adjourned *sine die*

A. W. HORNBOKEN, President.

F. C. WARNSHUIS, Secretary.

## COUNCIL.

The annual meeting of the Council of the Fifty-First Annual Meeting of the Michigan State Medical Society was called to order in the Red Room of the Douglas Hotel at Houghton at 6:15 p. m., August 15, 1916 with Chairman Dr. Dodge presiding and the following Councilors present. W. J. Kay, A. L. Seeley, C. H. Baker, W. T. Dodge, W. J. DuBois, C. T.

Southworth, A. M. Hume, B. H. McMullen, President A. W. Hornbogen, F. C. Warnshuis, Secretary.

The minutes of the last meeting were approved as published in the February, 1916 issue of the *Journal*. Dr. W. T. Dodge then presented the following annual report of the Council to be submitted to the House of Delegates as follows: (See Proceedings of House of Delegates).

It was moved by Dr. DuBois and supported by Dr. Seeley that the report of the Council to the House of Delegates be adopted and approved as read. Carried.

It was moved by Dr. DuBois supported by Dr. Southworth that the Secretary be instructed to draw up suitable resolutions expressing the Council Members' profound and sincere sympathy to Dr. Dodge in his bereavement in the loss of his wife and that a copy be sent to Dr. Dodge and also spread on the records of the Council. Carried.

#### RESOLUTION.

Cognizant of the loss sustained by our Chairman, Dr. W. T. Dodge, in the death of his wife, Mrs. Dodge, we, his fellow Councillors of the Michigan State Medical Society inscribe upon our records and tender to Dr. Dodge the following resolution expressive, insofar as words can express, of our sympathy and friendship:

We realize that in the death of Mrs. Dodge there has been sustained by our Chairman, the loss of one whose womanhood's morning almost touches noon, and while the shadows were still falling toward the west. One who believed that happiness was the only good, reason the only torch, justice the only worship, humanity the only religion and love the only peace. The record of her generous life runs like a vine around the memory of her, and every sweet, unselfish act is now a perfumed flower. Possessed as she was of those qualities that endeared her to all who knew her and above all a true wife to him who is left to mourn, her death has caused a vacancy that time cannot fill.

THEREFORE BE IT RESOLVED, That we, the members of the Council of the Michigan State Medical Society, do hereby tender to Dr. Dodge the assurances of our heartfelt sympathy and sorrow in the bereavement that he has sustained. That we reiterate to him the fact that the esteem in which he has always been held by the profession of Michigan surrounds him, at this time, with tender friendship with which, if possible, to alleviate the sorrow that has overtaken him. And lastly to express to Dr. Dodge the assurance that though alone, an abiding place remains open to him in the hearts and homes of each of his fellow Councillors who sincerely mourn with him.

Dr. Hume, Chairman of the Publication Committee submitted the following correspondence:

To Members of Publication Committee.

Guy L. Kiefer, Detroit.

W. J. Kay, Lapeer.

W. J. DeBois, Grand Rapids.

Please carefully read attached letter of our Secretary-Editor, express your opinion, sign immediately, forward to next on the list.

July 15, 1916.

Dr. A. M. Hume, Chairman, Publication Committee, Michigan State Medical Society, Owosso, Mich.

My dear Doctor Hume:

The trend toward the sky in the "High Cost of Living" has made itself felt in the matter of the publication of the *Journal*. I have made it a point to keep in touch with the paper and ink market during the past six months and its constant rise in prices has caused me no little concern.

The paper that we are using cost us last year approximately four cents per pound. The contract we then made for the publication of *The Journal* enabled our publisher to purchase a year's supply, approximately eleven tons. This contract expires with the September issue.

Since last summer the paper we are using has increased so that now it is a fraction over nine cents a pound thereby costing us for a year's supply at the present price \$1,980 in contrast with \$880 that we paid last year.

I learned on Monday of this week that on the fifteenth of this month there would be another 20 per cent. increase. I further learned that we might expect another 20 per cent. increase in the next thirty days. I wired two paper mills and asked them for their quotations on eleven tons of paper for delivery in sixty days. I received reply that *they could not quote me prices and that they were not in position to fill the order*. I then got in touch with a jobber and he wired that he would fill the order at 9 3/4 cents if placed at once.

I then went to the Tradesman and asked them to submit contract for publishing the *Journal* for another year. I also went to three other local printers and asked them to submit bids. These bids were received on the 13th. The Tradesman quoted us \$372.75 for 2,600 copies per month of 80 pages. Two other firms were at \$400.00 and one firm at \$362.00 or ten dollars less than the Tradesman.

These quotations are actually \$100 per month more than we have been paying—due to the cost of paper and ink—the cost of ink has increased 1000 per cent.

These quotations were submitted with the proviso that the contract would be executed before noon on the 14th., in order that the paper might be secured at the present price and before the 20 per cent. raise on the 15th.

Realizing that delay in executing this contract would cause us to pay the increased price which would amount to some \$400 additional and if we waited until September for the present contract to expire then we would experience an increased cost of some \$800, I got in touch with Dr. Dodge, Chairman of the Council via long distance phone and after explaining the situation to him he authorized me to execute the contract submitted by the Tradesman. This I did on the morning of the 14th.

I believe that in doing so we have saved the *Journal* some \$400 to \$800 dollars.

I have explained this matter to you in order that you might be informed as to the circumstances that existed and the sudden necessity that arose for prompt action. Also to assure the Committee that there was no intention on my part to ignore them in this matter.

I believe that this action has been justified and in the best interest of our publication and members. There is, however, another problem that confronts us and I am submitting it to you for your consideration and for action by the Council at its Houghton meeting.

At our new price of cost of publication and with our present advertising and subscription receipts if we continue to publish a monthly issue of our present size we will be in the hole some \$400 or \$500 at the end of the year. In the past four years the *Journal* has been the revenue producing factor of our State Society. Whatever profits that have been realized at the end of the year has been due to the earnings of the *Journal* and not to the income from member's dues. In fact, *The Journal* has paid some of the expenses of the Society and even then shown a profit. This will now be changed and in place of profit we will have a deficit of from \$400 to \$800 at the close of the next year.

It is this matter that requires consideration and action and I am submitting two courses that may be adopted to avoid this deficit. I would like to be in receipt of instruction as to the course that should be pursued.

1. Reduce the size of the publication to 60 pages per issue. In doing so, however, we will take a backward step and cause our publication to step down from its high position that it now holds in the field of State Medical Journals.

2. To increase the subscription price to \$1.50 per member thus causing each member to pay fifty cents more in annual dues. This would mean that the state dues be raised to \$3.50 per member and would of course necessitate presenting an amendment to our By-Laws at the Houghton session of our House of Delegates. Certainly this would not be a burden to each member and would enable *The Journal* to continue in its present state.

From the above you will see the problems that confront us and which deserve the attention of your Committee and also the Council. Personally, I am of the opinion that a better plan to adopt is to increase the membership dues in order that the *Journal* may receive a 50 cent additional subscription revenue and then it will be able to maintain its independent existence and the Society as a whole will not be compelled to retrench or experience a deficit at the end of the year.

If there is any other information that you desire, you know that I will be only too glad to place it at your disposal.

I await the instructions of your Committee for further action on my part.

Yours very truly,

F. C. WARNSHUIS,  
Secretary-Editor.

I believe it best to raise annual dues 50 cents.  
A. M. HUME.

Raise the annual dues 50 cents and in this way keep up the *Journal*, by all means the better plan.

GUY L. KIEFER.

I think increasing the annual dues the better way.

W. J. KAY.

It is best to raise the annual dues.

W. J. DuBois.

Adjourned to meet as per the schedule in the Official Program.

## SECOND SESSION.

The second session of the Council was called to order in the parlor of the Douglas House at Houghton at 12:30 noon August 17, 1916, Chairman Dodge presiding and the following Councillors present: A. L. Seeley, B. H. McMullen, F. C. Witter, C. H. Baker, A. M. Hume, W. J. Kay, R. S. Buckland, C. T. Southworth, W. J. DuBois, W. T. Dodge, newly elected President A. P. Biddle and Secretary Warnshuis.

Moved by Councillor Baker, supported by Councillor Kay that the expenses of Dr. Loeb be paid. Carried.

Moved by Councillor Baker supported by Councillor Hume that the Finance Committee of the Council be instructed that it is contrary to the policy of the Society to pay the expenses of invited guests. Carried.

Moved by Councillor Kay supported by Councillor Witter that the designation of a place for holding our 1917 meeting be deferred until the January Session of the Council. Carried.

Moved by Dr. DuBois, supported by Dr. McMullen that the gavel presented to the State Society by the profession of the Copper Country be placed in the custody of the Secretary and that from year to year there shall be caused to be engraved upon the handle of the gavel the names of the presidents that wield it. Carried.

The Chairman then introduced the newly elected President, Dr. A. P. Biddle, who gave a brief talk expressing his appreciation and joy at being again authorized to attend the meetings of the Council in an official capacity.

Moved by Dr. DuBois, supported by Dr. Seeley that the Secretary be authorized and instructed to cause to be printed 1,000 copies of the Constitution and By-Laws as revised to date. Carried.

Moved by Dr. Hume supported by Dr. Buckland that the Council hold its January meet-



ing in Detroit at a date to be designated by the Chairman.

On motion of Councillor DuBois, seconded by several, the Secretary was instructed to cast the ballot of the Council for Dr. W. T. Dodge as Chairman for the ensuing year. The Secretary did so cast.

On motion of Councillor Seeley, supported by several, Councillor W. J. Kay was elected Vice Chairman of the Council.

There being no further business the Council adjourned to meet in its regular midwinter session which will be held in January in Detroit.

W. T. DODGE, Chairman.

F. C. WARNSHUIS, Secretary.

### HOUSE OF DELEGATES.

The Fifty-First Annual Meeting of the House of Delegates of the Michigan State Medical Society was called to order in the room of the Houghton Club, Houghton, Michigan, August 15, 1916, at 8:30 p. m. with President Hornbogen presiding and the following delegates responding to roll call:

Bay-Arenac-Iosco—J. W. Gustin, Bay City.  
 Benzie—E. J. C. Ellis, Benzonia.  
 Clinton—A. E. Hart, St. Johns.  
 Delta—A. W. Miller, Gladstone.  
 Grand Traverse-Leelanau—E. P. Lawton, Traverse City.  
 Houghton-Baraga-Keweenaw—W. H. Dodge, Hancock.  
 Kent—A. J. Baker, Grand Rapids.  
     J. D. Brook, Grandville.  
 Lapeer—D. J. O'Brien, Lapeer.  
 Lenawee—I. L. Spaulding, Hudson.  
 Macomb—J. McCorman, Mt. Pleasant.  
 Marquette-Alger—C. F. Moll, Kenton.  
 Monroe—P. S. Root, Monroe.  
 Montcalm—A. S. Barr, Greenville.  
 Muskegon-Oceana—V. A. Chapman, Muskegon.  
 Oakland—A. B. Corbit, Oxford.  
 Ontonagon—E. J. Evans, Rockland.  
 Ottawa—J. J. Mersen, Holland.  
 Presque Isle—W. W. Arscott, Rogers City.  
 Shiawassee—J. A. Rowley, Durand.  
 St. Clair—J. L. Chester, Emmett.  
 Washtenaw—R. R. Peterson, Ann Arbor.  
 Wayne. All Detroit—W. J. Wilson, R. E. Mercer.  
 Joseph Andries, J. A. McMillan, C. D. Brooks, F. B. Walker, L. J. Hirschman, F. B. Tibbals, D. M. Campbell, R. C. Andries, Guy Conner, B. R. Shurley, G. E. Frothingham.

The delegates responding to roll call were all seated and the House duly organized for business.

It was moved that the minutes of the last

annual meeting be approved as published in the *Journal* of October, 1915.

### COUNCIL REPORT.

The annual report of the Council was read by Dr. W. T. Dodge, Chairman of the Council as follows:

*Journal.*—At the beginning of the new year we have to face the fact that the cost of publication of our *Journal* has increased approximately \$100 per month, owing to the increased cost of paper. This necessitates raising the annual dues 50 cents or reducing the size of the *Journal*. Action upon this question is requested of the House of Delegates. The Council recommends that the dues be increased.

*County Societies.*—There is lack of interest and energy shown in many of our County Societies. Many of them do not send reports of their meetings to the *Journal*. We recommend that all Societies be requested to arrange for meetings during the fall, to which the Councillor of the District shall be invited, and that a general survey of conditions in each county be made with a view to stimulating interest where it is now lacking.

*Tuberculosis Survey.*—The hundred thousand dollar appropriation for a tuberculosis survey was made by the last Legislature on its own motion as a result of newspaper agitation. It was not recommended by representatives of this Society, and so far as has been made public there is no evidence that it was requested by the State Board of Health. The Medical Profession recommended that full term Health Officers be provided for so that competent officials specially trained in public health matters should be at all times available to assist in stamping out all kinds of preventable diseases.

This expert advice was ignored by the Legislature and the special appropriation above referred to was made. The State Board of Health was designated as the body to expend this money and it was hoped that it would be so expended as to furnish us with valuable information concerning the prevalence of this disease in our State and that efforts would be made to spread the gospel among the people of improved Public Health regulations generally. Perhaps this has been done, but if so the fact has been concealed from the profession most thoroughly. Reports from some counties where the survey has been completed are to the effect that members of the local profession have been offended by the methods followed, and express doubt concerning its usefulness. This is an unfortunate state of affairs because if the facts brought out by this survey do not result in demonstrating to the people the usefulness of Public Health work we may be sure that the cause of full term Health Officers in small cities and rural districts will receive a decided set-back. One criticism that seems to be well taken is that at least one physician has been employed who is not a legal practitioner in this state. We recommend that the House of Delegates request the State Board of Health to furnish a complete detailed report of the work already done and make available to the Profession information concerning the good results accomplished and anticipated.

*The Wine of Cardui Suit.*—The profession was

defeated technically. The one cent damages awarded shows that the verdict must have been a compromise and is convincing evidence that traitors in our ranks were responsible for our discomfiture. Members of our organization were willing for a price to testify in behalf of the patent medicine interests. We recommend that the House of Delegates pass a resolution condemning such traitors and assuring the parent organization that the profession of Michigan is and will ever be ready to uphold every reasonable effort that is advanced to continue the propaganda of education in matters of patent nostrums and frauds.

*The General Session.*—All who have attended the last three sessions of this Society doubtless have pleasant recollections concerning the General Sessions and the excellent programs there presented. These programs were arranged on their own initiative by the presiding officers Burr, Kiefer, and Peterson. The pleasure derived from them suggests that it would be wise to provide at every session for a program at the general session that will interest every member in attendance. The President should be authorized to appoint a Committee of which the Secretary shall be one to arrange a suitable and instructive program for the first General Session. The time devoted to this meeting is too valuable to be wasted in rhetorical outbursts and common platitudes.

*Legislation.*—The July and August numbers of the *Journal* contain editorials calling attention to proposed bills to be introduced in the next Legislature providing for enactments tending toward providing industrial insurance. The medical profession is vitally interested in such legislation as contract medical attendance in illness of employees or their families is likely to be one of the features. The time is approaching when it may be useless to protest against such legislation. Our members owe it to themselves to post themselves upon this subject and to provide that our representatives shall carefully watch the progress of such proposed legislation and protect the interest of the profession as far as possible. To this end if your Legislative Committee should call upon you for assistance in bringing influence to bear upon your Senator and Representative you should give prompt response.

*Sick and Accident Insurance.*—We recommend that a committee of three be appointed to consider the advisability of the State Society creating a Sick and Accident Fund for its members. This committee should investigate the loss ratio of Insurance Companies engaged in this business and present their report at the next annual meeting.

*Authorizing the Title of Specialist.*—The Council has been asked to recommend that it be authorized to issue certificates to members showing special qualifications, and restricting their practice accordingly, testifying that the State Society recognizes them as qualified specialists in their particular field. We are not agreed that it would be the correct or wise thing to do and therefore call it to the attention of the House of Delegates without recommendation. We are agreed that it would be advantageous if such power were legally delegated to the State Board of Registration, and if special requirements were made of men entering the profession before they are legally authorized to perform major sur-

gical operations. The time is surely coming when the line will be more sharply drawn between Physicians and Surgeons.

*Medico-Legal Fund.*—The advantages of this fund to our members has never been more forcibly exemplified than during the past year both in regard to the number of our members who have been assisted and in the number of suits started against Michigan physicians who are not members of their County Societies. During the year it has developed that there is a discrepancy in two sections of our By-Laws. An application was made for defense in a Chicago Court by a former member of our Society for an action commenced for an alleged offense committed at a remote date, to which the Statute of limitations would have barred action in this state. The question of liability of our Society was referred to the Chairman of the Council, who relying upon Sec. XI, Chap. IX of our By-Laws, which reads "The Medico-Legal Committee shall undertake the defense of any member of the Society sued or threatened with suit for civil malpractice, regardless of the time when the alleged cause of action arose," ruled that the Society was liable. It was then called to his attention by the Chairman of the Medico-Legal Committee that section 14 provided that defense should be "carried through all Michigan Courts." We therefore recommend that the following amendments be made to our By-Laws. That Sec. XI, Chapter IX be amended to read "Shall undertake the defense of any member of the Society sued or threatened with suit for civil malpractice through all State and Federal Courts operating in Michigan, etc." that Sec. XIV be amended to read "and defense carried through all Federal and State Courts operating in Michigan."

*Honorary Members.*—We recommend the election of W. A. Whitney of Big Rapids, Geo. W. Jones, Imlay City and Wm. Blake of Lapeer as resident honorary members and Dr. I. N. Albee of New York as non-resident honorary member.

W. T. DODGE, Chairman.

The report was referred to the Business Committee.

Dr. L. J. Hirschman made the following report in behalf of the Delegates to the American Medical Association.

"Michigan as usual was represented by its full quota of delegates. The meeting held in Detroit had a total registration of 4,586 of which the State of Michigan contributed 25 per cent. which is rather a remarkable showing owing to the fact that Michigan is rather a large state and many of the doctors had to travel so far. There were two or three actions taken at the Detroit meeting which were important. One, the appointment of a Speaker at the House of Delegates, who holds office for a term of two years. It has been found in the past that the honor of being President of the American Medical Association has been tendered to men who have achieved fame and distinction and not to presiding officers and it tied the President down to arduous work when his time should have been free for social activities. The House of Delegates will be presided over by a permanent speaker and the President afforded time for other duties.

The officers elected at Detroit revealed that the Association was unusually generous to the State of Michigan and the following Michigan members of our state were honored:

Dr. J. H. Carstens, Detroit, Third Vice President.

Dr. H. R. Varney, Detroit, Chairman Section on Dermatology.

Dr. H. W. Longyear, Detroit, Chairman Section on Gynecology, Obstetrics and Abdominal Surgery.

Dr. C. W. Hitchcock, Detroit, Chairman Section on Nervous and Mental Diseases.

Dr. L. J. Hirschman, Detroit, Secretary, Section on Gastro-Enterology.

A scientific medal of honor was awarded Dr. J. W. Vaughan of Detroit for his work in Cancer Research.

"The meeting as a whole, judging from the reports in *The Journal of the American Medical Association* and other journals which have reached us after the close of the meeting of the Association, was most successful both in excellence of the scientific program and the fact that the weather man was very kind."

This report was accepted and placed on file.

The report of the Committee on Venereal Prophylaxis was submitted as follows:

#### REPORT OF COMMITTEE ON VENEREAL PROPHYLAXIS.

The report of the Committee on Venereal Prophylaxis expressed itself last year as not in favor of the adoption of a Eugenic Law, such as is in operation in the State of Wisconsin to-day. The ever-increasing prevalence of syphilis and gonorrhea among the citizens of Michigan, not only in the large cities but in the smaller communities as well, must be apparent to all practitioners of medicine. The spirit of personal liberty enables individuals having this disease to contract marriage and transmit the disease to their consorts and in turn to their children, without restriction, thus making an endless chain of infection, which is fast undermining the health of the community. As a vast number of these cases occur among the poor classes in the state, it naturally follows that the individuals themselves by the development of sequelae which render them unfit, are fast becoming a burden to the state and a constant economic loss to the community.

Paresis and other forms of central nervous syphilis are on the increase among the indigent of the state. The State Hospitals are caring for an ever-increasing number of such patients. The University and other Hospitals are treating more cases each month of syphilis and gonorrhea in children, the innocent victims of the indiscriminate marriage of individuals afflicted with these two diseases.

Your Committee has been advised by expert legal opinion that the passage of a workable eugenic law, which would be just to the individual, and which would be a saving to the State in the end, could not pass the legislative body if it came directly from the doctors of the state. It appears to your Committee that the Michigan State Medical Society should place itself on record at this time as in favor of legislation, restricting the marriage of individuals having syphilis or gonorrhea.

After due study of the various measures which have been suggested in other states, your Committee believes that a proper Eugenic Law should embody the following main points:

1. No individual, male or female, should be permitted to contract marriage in the State of Michigan unless a physician of good standing shall have attested to the freedom from syphilis and gonorrhea of such individuals, as shown by careful examination and complement fixation tests for both diseases.

2. There should be an adequate penalty for any minister, justice of the peace or other person entitled by the State to perform the marriage ceremony who does so, in the absence of the before mentioned freedom from syphilis and gonorrhea, as attested by a reputable physician.

3. (a) There should be an adequate penalty for any physician or other person in the state who issues a certificate of good health to any individual or individuals without an examination and without a complement fixation test for both gonorrhea and syphilis.

- (b) In order to insure uniformity of results and to lessen the possibility of error, your Committee believes it advisable that the complement fixation tests be carried out only in state laboratories or such laboratories as are approved by the American Medical Association.

4. The law should provide a minimum fee of \$10.00 for the examination, such as is outlined above.

5. The law should provide that any person not able or willing to pay this minimum fee shall be entitled to the examination free of cost at any of the state institutions.

The passage of such a law would protect the community from the ever-increasing spread of syphilis and gonorrhea. It would restrict the marriage of individuals only so far as the good of the state and community at large were concerned.

The passage of such a law would inevitably work hardship upon certain individuals, who had no active syphilis or gonorrhea but whose complement fixation tests showed positive results. It would further work hardship upon such individuals who may have had gonorrhea or syphilis and who are past the child-bearing period. To deal with this class of cases, your Committee recommends that the law provide a Court of Appeal to consider the marriage of the individual cases in which the community itself would not be endangered. Such a committee could consist of the State Board of Health and any such appointees as this body should see fit to appoint to

It appears to your Committee that the passage of such a law could only be possible through a campaign of publicity. Therefore it is the sense of your Committee that the doctors of the state should interest themselves and their respective communities in a campaign of education. The family physician can do much in both large and small communities to influence public sentiment in favor of public health measures.

If it be the sense of the Michigan State Medical Society that the passage of a Eugenic Law, as has been outlined, is desirable, then it is the sense of your Committee that the doctors of the state should give publicity to the ever-increasing prevalence of



syphilis and gonorrhea in the state and their attendant dangers to the community and that they should by campaign and private instruction influence public opinion toward the passage of a Eugenic Law which shall be operative in the near future, and which shall place the State of Michigan as the foremost of the states in the safe-guarding of its citizens from the worst of modern plagues.

The present law requiring the reporting of both gonorrhea and syphilis is, so far as your Committee is aware, not effectively carried out in any town or city of the state. The advantages of such reporting from the standpoint of the incidents of the diseases in question and from their control as communicable diseases is apparent to every one. The failure to report these diseases has been due to the lack of co-operation of the physician themselves, prompted by the belief that by so doing their patients are given undue publicity. It seems to your Committee that any legislation, involving the restriction of marriage of patients having syphilis and gonorrhea could not be carried out as a public health measure unless it were accompanied by some form of enforced reporting. Realizing, however, that opinion is divided as to the advisability of such reporting, your Committee desires the sense of the Society on the advisability of such measures before recommending that they be made a part of the proposed Eugenic Law.

UDO J. WILE, Chairman.  
A. E. WEST.  
HARRY W. PLAGEMEYER.

Report of Committee on Medical Education.  
(No Report).

Report of Committee on Legislation and Public Policy by Dr. Hume was read as follows:

#### REPORT OF COMMITTEE ON LEGISLATION AND PUBLIC POLICY.

Your Committee on Legislation and Public Policy begs leave to report briefly as follows:

Three years ago there was brought about concerted action between this committee and the State Board of Registration in Medicine in the enforcement of the Medical Practice Act; or to speak precisely, this Committee pledged the good will and co-operation of the Michigan State Medical Society in assisting the State Board of Registration in Medicine in endeavoring to enforce our medical laws, and in ridding the profession of so-called practitioners who were preying upon the public.

This co-operative work has been carried along since that time, and progress has been made. Inasmuch as no session of the Legislature has been held during the past year there has been no call for active Legislative work by your Committee; and it is therefore, of the work of the State Board of Registration, that we shall report to you.

The matter presented has been furnished by the Secretary of the State Board of Registration from the official records, and in presenting this for your consideration we invite not only your questions to elicit full information upon any point desired by you, but your criticism if such you may have. You

must understand, however, that if the work done by the State Board of Registration has not always been productive, failure has usually been due to the lack of co-operation on the part of the medical profession in that vicinity. This means *you*, Gentlemen, and if you would have a clean profession in Michigan, you must first clean *your* own doorsteps, *your* homes and *your* back yards.

Prefacing the report of prosecutions for violations of medical and similar laws which have been brought by our Board of Registration since Sept. 1, 1915, we shall submit a letter from the Board's Secretary which gives a *resumé* of the Board's policies and work.

Detroit, Mich., July 21, 1916.

Dr. Arthur M. Hume,  
Owosso, Mich.

Dear Doctor Hume:

I am enclosing you the several items of prosecutions attempted and convictions had since the 1915 report. You will note that some of these are continued cases. In two instances, W. and W. of Grand Rapids, the indictments against them in Police Court were dismissed on technicalities, and fresh informations had to be sworn to.

I have received reports from fifty Prosecuting Attorneys out of some eighty. It is generally reported by the Prosecutors that there is a very great improvement covering medical violations, and some of them comment upon this fact. The licensed advertising traveling doctors have been greatly reduced in number, if not entirely eliminated, and we have received no complaints concerning their activities since last September. The most flagrant of this class of practitioners, who invariably advertise immorally, are the so-called "United Doctors," whose headquarters are maintained, with considerable of an organization, at Milwaukee, Wisconsin. Since last October complaints have been sworn to against several of these quacks, with the result that the majority of them have left the state with warrants still pending against them. One case was dismissed upon promise to keep out of Michigan in the future, and one case has been sent to the Circuit Court, Genesee County, for trial next September.

Since the limited registration of drugless healers of which only a small percentage of those applying were accepted by the board, the remainder, with very few exceptions, have either given up practice or removed from the state. It is now generally accepted by the several cults and so-called cult colleges in the various states, that Michigan affords very poor prospects for their activities, whereas prior to the passage of the 1913 Act hundreds of these drugless healers were coming into the state yearly. In a comparison between the registration of cults in Michigan and the registration of cults in Ohio, the following amounts of fees received are expressive. Michigan collected from the various cults less than \$700 registration fees, while Ohio collected over \$40,000, and in her act mentions no less than some twenty-two different varieties of healers. The Michigan act does not recognize any specific cult. A cult is a cult, with no distinction. Last year the constitutionality of the Act was questioned by a chiropractor residing in Belding, Michigan. This case went to the Supreme Court, and a year ago this month, the Act, from all its various angles, was upheld by the Supreme Court

decision handed down. The amendments to the Medical Act, including the Act itself, in consequence rests upon a pretty sure foundation.

There has been the usual difficulty experienced in getting certain Prosecuting Attorneys to act upon informations. The favorite method of defense is postponement from time to time. Here in Wayne County it is almost impossible to get the Prosecuting Attorney's office to prosecute actively and efficiently. Case after case has been reported, with very little or no action on the part of the Prosecuting Attorney. You will note that there is a marked decrease of violations of the local option laws in dry counties.

In conclusion, I think your committee and the profession in Michigan are to be congratulated upon the fact that this state has, without question, the most effective Medical Act in the United States. This does not especially refer to the prosecution sections, but to the Act as a whole.

Do you wish a further report upon any of the various activities of the board during the past year? There is just one item that I think of at this time, which seems to me to be interesting from the national standpoint, although it may not be germane to the subject of enforcement, and that is, the Michigan influence in the Federation of State Medical Boards. There are only two permanent committees in the Federation, that of the committee on standards of preliminary and medical education, and the committee on standardization and the recognition of colleges, the chairman of both committees representing the Michigan Board. This was not accidental, for when at the meeting of the A.M.A. here in Detroit I took the matter up with the Secretary and suggested that Pennsylvania should hold down the chairmanship of the latter committee, as Michigan was already represented as chairman of the former committee. I was informed that the matter has been well considered, and my suggestion was turned down.

With kind regards,

Very sincerely yours,

B. D. HARISON, Secretary.

Of course we still have a plenty of illegal practitioners in Michigan but they are not only becoming beautifully less each year, but also are not so bold. The "Newspaper Quack" is becoming unknown.

LIST OF PROSECUTIONS FOR VIOLATIONS OF MEDICAL AND  
OTHER MICHIGAN STATE LAWS, SINCE  
SEPTEMBER 1, 1915.

BAY COUNTY—

Case reported by Prosecuting Attorney (name not given), practising medicine without a license—pending.

CHIPPEWA COUNTY—

*The Home Treatment and Remedy Co., Sault Ste. Marie.*—This company was incorporated to sell treatments for diseases of women, and, in this connection, got out a 20-page pamphlet, in which the various symptoms of these diseases were not only described, but illustrated. Upon complaint to the Prosecuting Attorney, the printing establishment which was about printing them, having the form set up, refused to go on with the contract. This pamphlet has since been gotten out in a modified form and is being issued under cover, by the employment of

women agents. It is only a question of time before a complaint will be made against one of these agents, under Act No. 62, of 1911, otherwise known as the Arnold Act, having in view the prevention of immoral advertising. This Act has been very effectively putting out of business the usual medical advertising quack. Active prosecution of this firm is contemplated this summer.

GENESEE COUNTY—FLINT—

Complaint was made against four registered physicians and warrants sworn out against two, and for advertising immorally under the Medical and Arnold Acts. One left the state before the warrant was served, and the other two men also left the state prior to warrants being issued. The fourth was recently committed to the Recorder's Court for trial next September. The "clean up" in Flint has been very effective.

IONIA COUNTY—

Doctor of Lyons arrested for violation of the local option law. Case pending.

D. A. H.—Warrant issued for practising medicine without a license. He left town before warrant was served. At present is in trouble with the Illinois authorities, claiming to them that he is a registered Chiropractor of Michigan. He applied under the drugless healing clause of the 1913 Medical Act, but was refused the limited license provided for in the act. Graduate of "The American College of Mechano-Therapy," Chicago, a purely correspondence institution.

"Dr." V., giving his residence as Grand Rapids, was arrested for practising medicine without a license. Case in Circuit Court. It is understood that he will plead guilty.

J. J. H., Chiropractor, Belding, Mich., whose case in the Supreme Court was decided against him, has left the county.

A. B. S., residence Smyrna, Mich., convicted of immoral advertising. Certificate of registration, or license, canceled October, 1915.

KALAMAZOO COUNTY—

B. E. M., registered physician, late of Crystal Falls, Mich. Traveling United Doctor. Very active in all counties in Michigan during the past few years. Arrested in Kalamazoo December, 1915, charged with violation of section 3, subdivision 6, clauses (d) and (g), of the 1913 Medical Act, viz.

(d)—"All advertising of medical business in which grossly improbable statements are made, or where specific mention is made in such advertisements of venereal diseases or disease of the genito-urinary organs."

(g)—"All advertising of any matter of an obscene or offensive nature derogatory to good morals or contrary to Act number Sixty-two of the Public Acts of 1911." (Arnold Act).

Attempted defense in Police Court and was committed for trial to the Kalamazoo County Court. Prior to trial, notwithstanding a strenuous protest from the Secretary of the Board, backed by Dr. A. H. Rockwell, Councillor for the District, and the Kalamazoo Academy of Medicine, the Prosecuting Attorney, F. F. Ford, nolle prossed the case owing

to "want of sufficient evidence." The defendant advertised as a "bloodless surgeon" and held himself out as able to cure appendicitis, gall stones, tumors, goitres, etc., without operation or hypodermic injection, and by doing away with the knife, with blood, and with all pain. It is assumed that there were enough qualified surgeons in Kalamazoo to have furnished evidence covering "grossly improbable statements" involved in the advertisement.

There are several drugless healers practising in Kalamazoo whom the Prosecuting Attorney has very considerably asked to cease their violations of the law. Whether they have complied with his request has not as yet been determined.

#### KENT COUNTY—GRAND RAPIDS—

O. J. L., Chiropractor. Convicted January, 1916, of practising medicine without a license. Fined \$50.

D. B. C., Neuropath. Charged with practising medicine without a license. Case pending.

J. A. W., Neuropath. Charged with practising medicine without a license. Upon evidence that he questioned a patient involving health and advised bath and massage, was convicted January, 1916. Appeal pending in Supreme Court, upon the validity of form of indictment.

S. C. T., registered "Traveling Doctor." Charged with unprofessional and immoral advertising, as follows:

#### "GOOD NEWS FOR MEN.

#### "Are You a Nervous Wreck?

"Dr. —, 316 Monroe Avenue, N. W., Grand Rapids, Mich., U. S. A. Specialist for the cure of Catarrh of Nose, Lungs and Appendix. Throat, Ulcers in Throat, Nerve, Kidney, Bladder, Urinary Diseases, etc. Are you awful weak? Trembly? Have you Asthma? Raise Water, Yellow or Brown Phlegm? Sleepy Day Times? Have you Paralysis or Threatened Paralysis? Memory Poor? Low Spirits?

"Dr. —'s vast experience in the Americas, England, France, China and Japan gives him unbounded success as he proves to all who call at his office.

"Office hours, 8 a. m. to 8 p. m.

"Asthma cured in East Lansing, Mich.

"Mrs. Geo. Hanchet says: 'My husband had Asthma many years; 8 months not able to work. He made such a squeaking noise with his lungs, it made me terribly nervous. I was afraid he would die before morning. Under Dr. —'s treatment he got entirely well in 16 days. He does not even wheeze any more.'

"Cured in 1907 and has had no sign of Asthma since.—Adv."

Convicted January, 1916.

#### MONROE COUNTY—

J. E. H., charged with practising medicine without a license March, 1916. Upon ceasing practice complaint was withdrawn and the case dismissed by order of the Prosecutor, upon payment of the costs.

#### MANISTIQUE COUNTY—MANISTIQUE—

J. R. F. Paroled from Ionia State Prison. Third conviction on charge of disorderly conduct. Violation of present parole. License cancelled June, 1916.

#### OAKLAND COUNTY—

A. B. S., convicted of immoral advertising. Certificate or license canceled October, 1915, on former conviction at Ionia.

#### SAGINAW COUNTY—

J. A. T., general medical confidence man, who claimed graduation from a high-grade medical college, but unable to produce any evidence. Convicted of practising medicine without a license, 1916. Had established a well-equipped office in Saginaw. Has left state.

#### SHIAWASSEE COUNTY—

G. B., registered physician, Owosso. Convicted December 18, 1915, of violation of local option law. Case pending before board.

#### WAYNE COUNTY—

J. N., Detroit, Drug Clerk. Charged 1916 with practising medicine without a license. Case pending in Recorder's Court.

V. M., Detroit. Unlicensed physician, whose certificate of registration was canceled by board June, 1915. Convicted April, 1915, of fraud and perjury in connection with obtaining a Michigan license. Appeal to Supreme Court still pending. Two recent cases on charge of practising medicine without a license. Both cases pending before Recorder's Court.

Several complaints in Prosecuting Attorney's office upon which action has not yet been taken. Prosecuting Attorney's office very conservative in handling medical cases.

All of which is respectfully submitted.

ARTHUR M. HUME.

BEVERLEY D. HARISON.

H. D. BARTHOLOMEW.

Committee on Legislation and Public Policy.

Report of Committee on Public Health Education. (No Report).

Report of Committee on Civic and Industrial Relation by Dr. Peterson was read as follows:

#### REPORT OF COMMITTEE ON CIVIC AND INDUSTRIAL RELATION.

To the President and members of the House of Delegates of the Michigan State Medical Society.

Your Committee on Civic and Industrial Relation begs to submit the following report:

In accordance with the action of the House of Delegates at the last meeting of the State Society your new permanent Committee on Civic and Industrial Relationship was directed "to study, gather facts and become intimately acquainted with all and every movement wherever and by whosoever agitated, proposed or attempted to enact or be enacted that has as its secret or avowed object the providing of social, commercial or industrial medical insurance for the public civic or commercial employee or persons; or for the providing of medical care to a group or groups of individuals singly or collectively."

Your Committee has found nothing to investigate



along the lines mentioned. Possibly, it has not fully grasped the purpose underlying the formation of the Committee. Be that as it may, your Committee would suggest that the Committee to be appointed at the next annual meeting be more fully instructed as to what it is supposed to do.

At the last meeting of the Society it was voted that no special committee on cancer be appointed but that the duties that would fall to such a committee be assumed by the Committee on Industrial and Civic Relationship. Your Committee has not attempted to organize the state in a fight against cancer for two reasons: First, it seemed best to defer action until after the Detroit Meeting of the American Medical Association; second, the American Society for the Control of Cancer with which this Committee was supposed to co-operate, had not perfected its plan for popular lectures by many speakers throughout the country. Your Committee thought it best to defer action until, as now, outlines of lectures on cancer together with lantern slides for lay audiences could be placed at the disposal of speakers in every county of the state.

With 80,000 deaths yearly from cancer in the United States it behooves the medical profession of our state to join in the fight against cancer. Your Committee would suggest that the members of this permanent committee be authorized to co-operate with the American Society for the Control of Cancer, so that a permanent set of lantern slides for popular lectures on cancer be secured for the use of the medical profession of the state. Only by concerted action on our part can the people of Michigan be taught the true facts about cancer.

W. R. PARKER, Detroit.  
J. W. VAUGHAN, Detroit.  
L. S. RAMSDALL, Manistee.  
J. G. MANWARING, Flint.  
A. P. BIDDLE, Detroit.  
P. D. BOURLAND, Lake Linden.  
C. B. STOCKWELL, Port Huron.  
W. K. WEST, Painesdale.  
A. VERNE WENGER, Grand Rapids.  
REUBEN PETERSON, Chairman, Ann Arbor.

The following Committee on "Nominations" was nominated:

I. L. Spaulding, Hudson, Lenawee County.  
C. F. Moll, Kenton, Marquette-Alger County.  
W. J. Wilson, Detroit, Wayne County.  
D. A. Camerson, Alpena, Alpena County.  
J. L. Chester, Emmett, St. Clair County.

Moved by Dr. Walker of Wayne supported by Dr. Mersen of Ottawa that the Secretary cast a ballot for these nominations. Carried.

The Secretary did so cast.

The following Business Committee was appointed by President Hornbogen:

J. D. Brook, Kent County.  
W. J. Gustin, Bay County.  
L. J. Hirschman, Wayne County.  
J. J. Mersen, Ottawa County.  
D. J. O'Brien, Lapeer.

The following telegram was received by President Hornbogen and read:

August 11, 1916.

"Dr. J. B. Murphy of Chicago died suddenly here at the Grand Hotel this afternoon."

(Signed) Dr. F. J. W. Maquire.

Dr. McMillan of Wayne: Dr. J. B. Murphy was a great man of the medical world and the greatest teacher of surgery at the present time; a man whose name was known all over the world for his successful work in surgery and especially for his wonderful teaching. I therefore move that a Committee be appointed to express in suitable terms the very high appreciation of this man's work in our field.

Supported by Dr. Brook of Kent. Carried.

In compliance with the motion the President appointed the following Committee.

Dr. McMillan, Detroit.  
Dr. R. Peterson, Ann Arbor.  
Dr. Walker, Wayne.

#### RESOLUTION.

With sorrow and regret the Members of the Michigan State Medical Society learn of the death of Dr. J. B. Murphy. By his many and valuable contributions to the science and art of Surgery, and by his practical and impressive methods of teaching he attained an eminent place among the surgeons of the world.

Whether in the rude and remote hamlet or in the modern perfected hospital, whether along life's peaceful ways or on the far-flung battlefields, the surgeon plys his art with greater skill and efficiency since J. B. Murphy lived and worked among us. He made his offering of a life's devotion at the Shrine of Hygiea and in response healing and relief has flowed generously from her finger-tips.

To few men in the medical profession or other vocations in this age has it been given to render so great a service to his fellowmen.

To the members of this Society Dr. Murphy's death comes as a great loss. His was a familiar figure at our State meetings and at our various clinics and his presence never failed to draw many enthusiastic and eager listeners.

Therefore the House of Delegates of the Michigan State Medical Society in session at Houghton, Michigan has resolved and ordered that this appreciation of Dr. J. B. Murphy be entered among its records and that the sympathy and condolence of its members along with a copy of this resolution be conveyed to his widow and family.

Sincerely,

J. A. McMILLAN, M.D., F.A.C.S.

Chairman of Committee.

FRANK B. WALKER, M.D., F.A.C.S.

REUBEN PETERSON, M.D., F.A.C.S.

#### FEE SCHEDULE.

Dr. Hirschman of Wayne.

Two or three years ago a Fee Bill was submitted to the Society and it was defeated. I

am informed that every once in a while when a bill is rendered for services to Corporations that the question of this Fee Bill comes up, stating that such and such a fee is allowed by the State Society for certain specified services. Many Insurance Companies are taking advantage of this. Our members should be informed that there is no such Fee Bill and such action on the part of the Insurance Company is wrong and a misrepresentation. I move you, Mr. President, that the Secretary be instructed to send a registered letter notifying the Insurance Companies to this effect and that this action be announced in the editorial columns of *The Journal*.

Supported by Dr. Moll of Kenton. Carried.

On motion the House of Delegates adjourned to meet at 8:30 a. m., August 16, 1916.

## SECOND SESSION OF THE HOUSE OF DELEGATES.

The Second Session of the House of Delegates was called to order in the Houghton Club on August 16, at 8:30 a. m., President Hornbogen presiding and the following delegates responding to roll call:

(Same as first roll call).

The minutes of the previous meeting were read. It was moved and supported that the minutes of the previous meeting be adopted as read. Carried.

The following report was read by Dr. V. C. Vaughan, Chairman of the Tuberculosis Committee:

### REPORT OF COMMITTEE ON TUBERCULOSIS.

Mr. President and Members of the House of Delegates:

Your Committee on Tuberculosis submits the following report:

During the past year Michigan has taken an advanced stand in connection with the fight against Tuberculosis. The survey now being conducted under the direction of the State Board of Health, is in our opinion of the greatest practical importance, in our attempt to eradicate this disease. Every intelligent physician realizes that satisfactory results can be obtained only by hearty co-operation between all citizens, be they physicians or laymen, and it is this co-operation which is being procured through the work of the State Survey. The principle value of the work has been first, the education of the public with regard to the character of the disease, and the necessity of periodic examinations; second, the discovery of infected individuals and the education of these individuals with regard to means necessary for their own betterment, and for the prevention of the spread of infection to others; third, the demonstration to various counties of the

need of local sanatoria for the care of infected individuals within their jurisdiction.

Your committee again wishes to emphasize the fact that it thoroughly believes in the value of local sanatoria, either city or county. These institutions should be so constructed as to care for all stages of the disease on the same ground. The Sanatorium should be a hospital for advanced cases and a training school for the moderately advanced and early cases. It should be easy of access to the family physician, who should have the opportunity of becoming familiar with the conduct of the institution.

Believing that the best method of demonstrating the value of the periodic examination is the practical one, your committee decided to hold another Tuberculosis Day, on Aug. 10th. On this day it was hoped that every member of the State Society would insofar as possible hold himself in readiness to examine without recompense any individual for the present or absence of tuberculous disease. Gov. Ferris, who has always taken an advanced stand with regard to matters of public health, issued a proclamation, setting aside Aug. 10, 1916, and requesting the public to make use of the advantages offered on that day.

As a result of the work we have a report on four hundred and forty-two individuals examined throughout the state. Of this number one hundred and thirty-two were diagnosed as positive cases, ninety as suspicious, and two hundred and twenty as negative. Eighty-four individuals gave a history of pleurisy, at sometime previous to the examination, and of this number sixty-two were stated to be at present tuberculous.

Interesting statistics concerning the value of the opthalgo reaction were also obtained, thus, we have a series of one hundred and fifty-five opthalgo reactions tried. Among thirty-six individuals who gave a history of pleurisy and in whom the test was tried, twenty gave a positive reaction, while of twenty-one individuals who gave a history of pulmonary hemorrhage, fifteen or seventy-six and two-tenths per cent., responded with a positive test. Of sixty-six individuals who gave a positive opthalgo reaction, forty-nine showed either elevation of the pulse above one hundred, or elevation of the temperature above 99.4 or both, while only seventeen failed to show either of these indications of activity. We infer from these results that the opthalgo reaction is of value in diagnosis and is not open to the criticism of being hyper sensitive. Your committee wish again to thank the members of the Society for the hearty co-operation which they have shown with regard to the Tuberculosis Day Examination. We feel that this is a step toward the medicine of the future, viz: preventive medicine, and we are glad that the Michigan physicians have taken the lead in this matter.

Respectfully submitted,

TUBERCULOSIS COMMITTEE,

V. C. VAUGHAN, JR., Chairman.

Dr. Brook of Wayne made a motion that a Committee on Judicial Action be appointed. It is the purpose to relieve the House of Delegates' Business Committee of Legislative prob-

lems as they are of such a character that some very important questions are neglected and to obviate this the Committee on Judicial Action be given this duty, the Committee to be appointed by the President. Seconded by Dr. Mersen, Ottawa. Carried.

It was moved and seconded that the House of Delegates adjourn to meet at 8:00 a. m., August 17, 1916. Carried.

### THIRD SESSION.

The third session of the House of Delegates was called to order at the Houghton Club, Houghton, at 8:30 a. m., August 17, 1916 by President Hornbogen with the following delegates present:

(Same as first roll call).

The report of the Business Committee was read by Dr. Brook of Kent as follows:

To the House of Delegates of the M.S.M.S. Gentlemen:

Your Business Committee is pleased to report as follows:

1st. That the reports of the various standing committees be approved and adopted.

2nd. That the report of the Council be adopted with the following exceptions:

(a) Tuberculosis Survey:

Inasmuch as Dr. DeKleine is to read a paper and make report of the work thus far accomplished at this meeting of the Society, and because of the Resolutions adopted at the Grand Rapids meeting last year and in view of the fact that criticisms of the work at this time would be decidedly detrimental to the cause, we therefore recommend that this paragraph of the Council report be stricken out.

All of which is respectfully submitted.

L. J. HIRSCHMAN.

J. J. MERSEN.

D. J. O'BRIEN.

W. J. GUSTIN.

J. D. BROOK, Chairman.

The report of the Business Committee was adopted on motion of Dr. Hirschman of Wayne.

The report of the Nominating Committee was read by Dr. Spaulding as follows:

For President for 1916-17—Dr. Andrew P. Biddle, of Wayne.

First Vice President—Dr. G. J. Turner, Houghton.

Second Vice President—Dr. J. Mersen, Holland.

Third Vice President—Dr. A. E. Hart, St. Johns.

Fourth Vice President—Dr. G. S. Ney, Port Huron  
Delegate to A.M.A.—Dr. Guy Connor, of Wayne;  
Dr. J. G. Brook, of Grandville.

Alternate Delegates to A.M.A.—Dr. C. F. Moll, Kenton; Dr. Chas. Kuhn, Wayne.

Regarding the place of meeting for 1917 we are

sorry to say that this Committee has not received any invitations and we therefore recommend that it be left to the Council to decide upon the meeting place for 1917.

Signed,

I. L. SPAULDING, Hudson.

C. F. MOLL, KENTON.

W. J. WILSON, Detroit.

D. A. CAMERON, Alpena.

J. L. CHESTER, Emmett.

Moved by Dr. L. J. Hirschman of Wayne that the report of the Nominating Committee be adopted as read. Supported by Dr. Chapman of Muskegon. Carried.

It was moved and seconded that the Secretary cast the ballot for the election of First, Second, Third and Fourth Vice-Presidents as nominated by the Nominating Committee. The Secretary did so cast and the President declared the nominees elected to their respective offices.

It was moved and seconded that the Secretary cast the ballot for the delegates and alternates to the American Association. The Secretary did so cast and the nominees were duly declared elected.

### AMENDMENTS TO THE CONSTITUTION.

Moved by Dr. Brooks of Wayne, seconded by Dr. Spaulding of Lenawee that we adopt the amendment to the Constitution and By-Laws as follows: Carried.

1.

Chap. 9, Section 10. The Medico-Legal Committee shall undertake the defense of any members of the Society sued or threatened with suit for civil malpractice through all state and Federal Courts operating in Michigan, regardless of the time when the alleged cause for action arose, and shall also defend any action for civil malpractice against the estate of a deceased member, provided he or she, while living, has conformed to the foregoing requirements.

2.

Chap. 9, Section 13. All attorney's fees and costs will be paid from the Medico-Legal Fund and defense carried through all Federal and State Courts operating in Michigan, but under no circumstances shall this fund be liable for any damages declared against an unsuccessful litigant. (As adopted Sept. 16, 1909.)

Moved by Dr. J. J. Mersen of Holland, supported by Dr. D. J. O'Brien of Lapeer, that this change in the Constitution be adopted. Carried.

3.

Chap. 11, Section 1. The annual assessment shall be three and one-half dollars for dues and subscription to the *Journal*. The Secretary of each Society shall forward its assessment with a roster of all officers and members to the Secretary of this So-



ciety immediately after the annual meeting of the County Society.

Dr. Peterson of Washtenaw moved the adoption of this amendment.

Seconded by Dr. Spaulding, Lenawee. Carried.

#### HONORARY MEMBERS.

It was moved by Dr. Peterson of Washtenaw, supported by Dr. Spaulding of Lenawee that the following members be elected as resident honorary members:

W. A. Whitney, Big Rapids. .

G. W. Jones, Imlay City.

Wm. Blake, Lapeer.

with the following nonresident honorary member:

I. N. Albee, New York, N. Y.

Moved by Dr. Brook supported by Dr. Chapman that the meeting adjourn. There being no further business the meeting adjourned *sine die*.

H. W. HORNBOGEN, President.

F. C. WARNSHUIS, Secretary.

#### ENTERTAINMENT.

The Entertainment Features were as follows:

Tuesday Evening, August 15, 1916—The ladies were entertained at Kerredge Theatre—"Ramona" at Hancock.

9 P. M. Smoker and Buffet Lunch at the Amphidrome, Houghton.

Wednesday Afternoon, August 16, 1916—Automobile rides:

(a) South Range points.

(b) Lake Linden and Calumet.

(c) Calumet and Keweenaw County..

Wednesday Evening, August 16, 1916—8:30 President's Reception and Ball, Calumet Light Guard Armory.

Special Train to Calumet over Mineral Range R. R. leaving Houghton at 7:30 p. m.

Thursday Morning, August 17, 1916—The visiting ladies were taken in charge by the Ladies Committee for a drive about the country, followed by basket lunch at Onigaming Yacht Club.

Thursday, August 17, 1916 at 4 P. M.—Concert by the Calumet and Hecla Band at Houghton.

#### REGISTRATION.

Out of town doctors were as follows:

W. J. Stern, Cleveland, Ohio.

O. B. Lambert, Algoma, Wis.

W. H. Matchett, Greenville, Ohio.

Geo. B. Parisen, Toledo, Ohio.

Wm. Whitford, Chicago, Ill.

H. W. Loeb, St. Louis, Mo.

*Allegan*.—A. H. Wicks.

*Alpena*.—D. A. Cameron.

*Baraga*.—R. S. Buckland, W. A. Von Zellen.

*Bay*.—Thos. A. Baird, C. C. Baker, J. C. Grosjean, J. W. Gustin.

*Benzonia*.—E. J. C. Ellis.

*Berrien*.—N. A. Herring.

*Calhoun*.—Jas. T. Case, W. L. Godfrey, J. H. Kellogg, A. E. MacGregor, M. A. Mortensen, J. S. Pritchard, R. C. Stone.

*Chippewa*.—R. Bennie, R. C. Winslow.

*Clinton*.—A. O. Hart.

*Delta*.—A. J. Carlson, M. P. Fenlon, A. H. Miller, J. J. Walch.

*Eaton*.—F. J. Knight,

*Emmett*.—John Reycraft, F. C. Witter.

*Genesee*.—C. B. Burr, H. Cook, H. E. Randall, J. F. Rumer.

*Grand Traverse-Leelanau*.—E. P. Lawton.

*Gratiot*.—C. B. Gardner, O. Reichard.

*Hillsdale*.—W. H. Sawyer.

*Houghton*.—J. C. Abrams, A. D. Aldrich, E. T. Abrams, H. L. Baer, P. D. Bourland, J. H. Cox, G. A. Conrad, J. H. Charters, L. M. Power, H. D. Cornell, W. H. Dodge, A. F. Fischer, Chas. A. Groomes, W. T. S. Gregg, D. E. Goodwin, H. L. Gregory, E. V. Henry, C. B. Harkness, J. T. Holmes, R. W. Hodges, Henry M. Joy, E. E. Koelbe, J. R. W. Kirton, A. I. Lawbaugh, Simon Levin, Alfred LaBine, J. D. McKinnon, D. K. MacQueen, John MacRae, R. J. Maas, J. W. Moore, Carl F. Moll, V. L. Oler, G. W. Orr, A. R. Pearce, J. Rheries, C. H. Rupprecht, A. C. Roche, Chas. E. Rowe, M. D. Roberts, H. R. Sharpe, R. M. Schulte, I. D. Stern, W. P. Scott, A. R. Simonson, J. E. Scallon, J. G. Turner, J. B. Quick, Jacob Talso, D. D. Todd, W. K. West, P. H. Wilson, A. B. Wright.

*Ionia*.—Nelson McLaughlin.

*Isabella-Clare*.—J. M. Croman.

*Ingham*.—H. S. Bartholomew, Wm. DeKleine, A. A. Spoor.

*Jackson*.—C. G. Parnall.

*Kalamazoo Academy*.—C. E. Boys, L. H. S. DeWitt, C. B. Fulkerson, B. A. Shepard.

*Keweenaw*.—N. S. MacDonald, L. A. Perkins, N. T. Paull, A. R. Tucker.

*Kent*.—A. J. Baker, J. D. Brook, A. M. Campbell, W. J. DuBois, F. C. Kinsey, A. Noordewier, R. R. Smith, H. J. VandenBerg, F. C. Warnshuis.

*Livingston*.—J. A. McGarvah.

*Luce*.—F. P. Bohn, E. H. Campbell.

*Lenawee*.—F. J. McCue, R. H. Nelson, I. L. Spaulding.

*Lapeer*.—W. J. Kay, D. J. O'Brien, Peter Stewart, S. O. Thomas.

*Marquette*.—Geo. M. Belhumeur, R. A. Burke, Chas. L. Finch, T. A. Felch, E. H. Flynn, L. W. Howe, Henry Holm, A. W. Hornbogen, F. M. Harkin, H. J. Hornbogen, C. J. Larson, W. B. Lunn, D. R. MacIntyre, H. H. Ptolemy, I. Sicotte, T. W. Scholtes, John O. Von Zellen.

*Menominee*.—W. R. Hicks, H. T. Sethney, D. R. Landsborough, R. A. Walker.

*Mecosta*.—W. T. Dodge.

*Monroe*.—C. T. Southworth.

*Muskegon*.—V. A. Chapman, G. J. Hartman, Geo. L. LeFevre, G. S. Williams.

*Montcalm*.—A. S. Barr, F. A. Johnson.

*Oakland*.—A. B. Corbit.

*Ontonagon*.—J. S. Nitterauer, F. W. McHugh, E. J. Evans, E. A. Florentine, A. L. Swinton, Earl A. Linger.

*Ottawa*.—J. J. Mersen.

*Osceola*.—Donald Johnson.

*Shiawassee*.—A. M. Hume, J. A. Rowley.

*St. Clair*.—A. L. Callery, J. L. Chester, T. F. Heavenrich, Alex J. MacKenzie, Geo. E. New, C. B. Stockwell.

*Tuscola*.—T. W. Hammond, A. L. Seeley.

*Washtenaw*.—Reuben Peterson, V. C. Vaughan.

*Wayne*.—J. H. Andries, R. C. Andries, C. D. Brooks, W. E. Blodgett, H. L. Begle, A. W. Blain, A. P. Biddle, W. D. Barrett, G. L. Connor, D. M. Campbell, J. H. Carstens, G. E. Frothingham, H. A. Hagerty, H. W. Hewitt, L. J. Hirschmann, B. D. Harison, R. K. Johnson, Guy L. Kiefer, C. F. Kuhn, R. E. Loucks, J. T. Lyston, A. T. Laberge, A. W. Lescohier, A. D. McAlpine, G. E. McKean, J. A. MacMillan, R. E. Mercer, Carl F. Muenz, C. H. Oakman, G. C. Penberthy, H. M. Rich, W. T. Shannon, B. R. Shurley, L. C. Thomas, F. B. Tibbals, V. C. Vaughan, F. B. Walker, W. J. Wilson.

*Wexford*.—J. F. Gruber, B. H. McMullen.

## BAKING POWDER

The doctor frequently has occasion to prescribe a diet for his patient, and under such circumstances is interested in the healthfulness and action of every ingredient of the food. Probably no ingredient is more influential in the production of appetizing and nutritious foods than is baking powder and at the same time, there is no ingredient over which there has waged such fierce trade controversies as to healthfulness and efficiency.

So much has been written about adulterations, substitutions, misbranding, etc., that people are easily alarmed, and very often intimidated and misled by unscrupulous manufacturers who have taken advantage of the situation for their own benefit and their competitors' injury. For example, certain baking powder interests have been active in the publication of information suggesting injurious effects of alum in baking powders. As in many other cases, however, the theory upon which this idea is based has no foundation in fact.

The question whether alum used in this way is injurious has been settled by the investigation of the Referee Board of Scientific Experts headed by Dr. Ira Remsen, President of Johns Hopkins University. The distinguished character and personnel of the Board lends additional weight to its conclusion that: "Aluminum compounds when used in the form of baking powders in foods have not been found to affect injuriously the nutritive value of such foods."

In short, the Board concludes "that alum baking

powders are no more harmful than any other baking powders."

In like manner certain baking powder manufacturers have attempted to create prejudice against the white of egg, which is used in some baking powders and serves several valuable purposes. On the face of it, this is ridiculous because everybody knows that the white of egg, whether in baking powder or anything else is absolutely pure and wholesome. Its use in baking powder permits both the dealer and the housewife to test their powder at all times to determine whether it is of standard strength. It is also used by the salesmen of the companies employing this ingredient, to keep the powder fresh on the retailer's shelves, thus protecting not only the retailer, but the housewife, as well, from baking failures.

After a careful investigation, we are thoroughly satisfied that both alum and white of egg in baking powder serve valuable purposes, and that baking powder containing these ingredients should be favored and recommended, and that unscrupulous manufacturers attacking these ingredients for commercial gain alone should not be deemed worthy of the patronage of the members of various medical associations.

The medical profession everywhere is concerned in the welfare of the public, and will welcome the discontinuance of misleading advertisements that have so long attempted to create the belief that so-called alum or white of egg in baking powder is anything but pure and wholesome.

# The Journal

OF THE

## Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Arthur M. Hume, Chairman .....Owosso.  
 Guy L. Kiefer .....Detroit.  
 W. J. Kay .....Lapeer.  
 W. J. DuBois .....Grand Rapids.

EDITOR  
 FREDERICK C. WARNSHUIS, M.D., F.A.C.S.  
 Grand Rapids, Mich.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscriptions are to be addressed to Frederick C. Warnshuis, M. D., 91 Monroe Ave., Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$3.50 per year, in advance.

September.

### Editorials

ANDREW PORTER BIDDLE, PRESIDENT  
 1916-1917.

By unanimous vote and unopposed, Dr. Andrew Porter Biddle of Detroit was elected President of the Michigan State Medical Society for the official society year of 1916-1917.

Andrew Porter Biddle was born in Detroit February 25, 1862. His preliminary education was obtained in Geneva, Switzerland, 1872-75; at Heidelberg, Germany, 1875-77; Detroit High School 1877-1880; Naval Cadet, U. S. Naval Academy, Annapolis, Md., 1880-83; Detroit College of Medicine 1883-1886.

Dr. Biddle served as interne in Harper Hospital 1885-86. He held the position as U. S. Pension Examining Surgeon from 1893-1897. He served as Major and Surgeon with the Thirty-first Michigan Volunteers Infantry during the War with Spain in 1898. He has been a member of the Michigan State Board of Health since 1913.

Dr. Biddle served as Secretary of our State Society from 1900 to 1906. He was Editor of *The Journal* from 1902 to 1906. He was a member of the Council, representing the First Councillor District, from 1909 to 1915.

At present Dr. Biddle is Professor of Dermatology in the Detroit College of Medicine and Surgery; is Consulting Dermatologist to the Detroit Board of Health; Dermatologist to St. Mary's, Woman's, Children's

Hospitals and Protestant Orphan Asylum. He is a fellow of the American Medical Association, Detroit Academy of Medicine, the Chicago Dermatological Society and the American Dermatology Society.

Such is a tabulation of the progressive stages of the doctor's life and reveals the success that his efforts have wrought and which measure up to the man who we have honored ourselves by electing to the Presidency of our Society. It becomes self apparent to the reader that to no more representative member could we accord the office of President. In doing so we, as a Society, are unable to repay Dr. Biddle for the time and energy he has expended in behalf of organized medicine in Michigan. For twenty-five years he has not failed to attend an Annual Meeting and his Society activities stand out in the records of our organization. Secretary, the organizer and first Editor of *The Journal*, Councillor and now President of our State Society—who gainsays that we have done but little enough to recognize, by now electing to the highest office in our power to confer, a man to whom Michigan's Organized Profession owes so much.

Dr. Biddle, in accepting the office responded:

"The love I have for you shall reflect back into me and I will thus be stimulated to do good work next year. Gentlemen, I accept with gratitude and pleasure, this honor." With such a pronouncement little more need be said. We are firm in the assurance that his term of office will reflect executive presidential activities that will redound to the honor of the Society, the benefit of its members and will enable us to record our increased pride in President Biddle. We would we were able to pay proper tribute to Dr. Biddle. To do so adequately is beyond us.

### THE HOUGHTON MEETING.

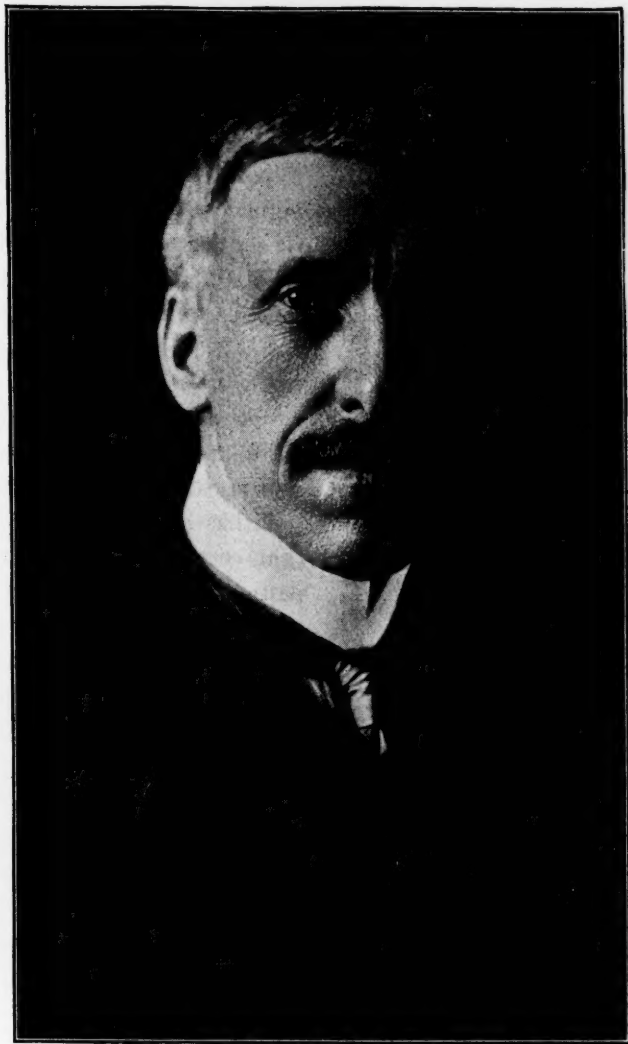
Houghton, Calumet, Hancock have been associated in the minds of many members as villages located in the extreme northern part of the Upper Peninsula. Co-incident there has accompanied the thought of bitter, cold winters, deep snows, a few months of cool summers, mining camps and a large foreign population. Isolated somewhat geographically we permitted ourselves to think of the northern part of the Upper Peninsula as isolated and unattractive in all its environments. Little did we dream that the contrary prevails.

The 215 members, many accompanied by



their wives, families and friends, who journeyed to Houghton to attend our Fifty-first Annual Meeting were confronted with a most delightful series of events that banished forever all depre-

tude, social clubs but seldom equalled in the lower peninsula and neighboring states, hospitals possessed of modern facilities, paved and shaded streets with green lawns and beautiful



**ANDREW PORTER BIDDLE**

**President 1916-1917**

cating and critical preconceived opinions or thoughts. On arrival they found themselves transplanted into a new surrounding that was characterized by hospitality, grandeur and beauty of scenery, wonderful, awe inspiring industries, business firms of colossal magni-

homes, miles and miles of finest stone roads winding midst picturesque scenery, talented artists, civic and industrial pride, communal interests and a group of charming talented hospitable and delightful people ministered to by physicians and surgeons who are members of

our State Society and of whom we are indeed proud. All in attendance were agreed that never was the place of holding our Annual Meeting so replete, with such interesting environments or with such unassuming cordial hospitality. All were confronted with a new viewpoint and departed homeward with a unanimous expression that Houghton and vicinity had outdone all other communities where our meetings have been held. The delightful incidents encountered and the memory of the picturesque surroundings will remain unforgettable in future years. We indeed regret that not more of our members participated in these pleasurable and profitable experiences.

Turner, Bourland, Conrad, Fisher, Levine, Macdonald, McNaughton, West, composing the Executive Committee on Arrangements were omnipresent and indefatigable in their effort for the bestowing of comfort and pleasure on all their guests. They and all their Committee members left nothing undone and were ever alert to everyone's needs and comfort. They provided ample hotel and lodging accommodations for all and could have comfortably taken care of two or three hundred additional guests—(you who stayed away because of fear of lack of accommodations do not know of the Club Rooms, House Boats, Country Camps and beautiful homes that were able and willing to provide lodging for you). The Copper Country Profession acquitted itself with honor and pride and have acquired a place in the heart and friendship of every member they entertained. Grand, good fellows, everyone of them.

The House of Delegates, the Council, the General Sessions and the Scientific Sectional activities are reported in the official minutes published on another page of this issue. It is true the Section work was abbreviated and a large part of the time devoted to social features and fraternalizing. For that there can be no regret because it must be admitted that the cementing of social acquaintance, learning to know your fellow, is a spirit meriting cultivation and when acquired is a valuable society asset. Scientifically and socially the appraisal is—A most profitable meeting.

The House of Delegates enacted the following important innovations: Creating of a Committee on Judicial Action; the increasing of the annual dues from \$3.00 to \$3.50 per annum;

amending the By-Laws so that the Medico-Legal Committee will defend only those suits of malpractice commenced in the Courts of Michigan.

President Hornbogen's annual address is contained in this issue. The masterly and scholarly address of Rev. Father Barth will be published in our next issue.

For further detailed reports we refer our members to the official proceedings.

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### FEE SCHEDULES.

Upon two occasions Committees have been appointed to prepare a Schedule of Fees designed to govern charges for service rendered in connection with the Michigan Compensation Law and to be approved by the State Society. These Committees on two occasions submitted a Fee Schedule. *Both of these schedules were rejected by the House of Delegates and not adopted.* Consequently there is not in existence a Fee Schedule that is approved or recognized by the State Society or that has its sanction.

It has been brought to the attention of many that certain corporations and Insurance Companies are representing that such a schedule is in force. One Company has gone so far as to cause one of the proposed schedules to be printed and upon that printed copy is the statement that that schedule was adopted by the Michigan State Medical Society. Such representations are mis-statements and without authority. *There is no fee schedule approved by our Society.* Our members' attention is brought to this matter so that they may not be imposed upon or permit Insurance Companies to make representation.

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### IMPOSITION.

We have several times commented briefly upon how Insurance Companies impose upon doctors in their attempt to secure information regarding their policy holders who present claims for sickness or accident. A blank is presented to the policy holder which calls for a doctor's or surgeon's report and the policy usually stipulates that this evidence of sickness or injury must be secured by the policy holder without expense to the company. Therein lies the imposition. Possibly we would not object

very much if the information sought by the Company consisted of a statement of the disease or the extent of the injury and the period of disability. However, the company seeks the benefit of a physical examination in order that it may protect its interest and determine the advisability of continuing to carry that individual risk. The questions asked necessitate a physical examination and inquiry into the patient's previous history. The questions range from twenty to sixty in number and to fill them out requires anywhere from fifteen minutes to three-quarters of an hour. All free information, for the Company's benefit without remuneration for time spent—our patients as a rule will object to paying for this service.

Health and Accident Insurance Companies have imposed long enough and the time is at hand when the profession, individually and collectively should refuse to continue to serve as their investigators and inspectors of risks without being remunerated. We wonder how far Fire Insurance Companies would succeed if when a fire occurred in one of their risks they would write the Chief of the Fire Department and ask him to inform them of the cause, extent and loss produced by the fire and whether the structure was a **safe future risk?**

Fire Insurance Companies have investigators and inspectors to adjust and inspect their losses and risks. Health and Accident Insurance Companies should likewise employ inspectors and adjusters and not impose upon the doctors to secure this information gratuitously.

You doctors of Michigan—we recommend and urge that you henceforth refuse to fill out these blanks unless you are properly remunerated. We know several doctors who have done so and are now being paid a fee for supplying this information. You who are not, are being imposed upon. It rests with you individually whether you will tolerate such imposition.

#### COMMITTEE APPOINTMENTS.

President Biddle announces the following Committees appointed under the Constitution and By-Laws for the year 1916-1917.

##### EXHIBITS.

F. J. Lee, Chairman, term expires 1917, G. R. Geo. A. Conrad, term expires 1918, Houghton

#### MEDICAL EDUCATION.

A. M. Barrett, Chairman .....Ann Arbor  
Burt R. Shurley .....Detroit

#### LEGISLATION AND PUBLIC POLICY.

A. M. Hume, Chairman .....Owosso  
B. D. Harison .....Detroit  
H. S. Bartholomew .....Lansing

#### VENEREAL PROPHYLAXIS.

Udo J. Wile, Chairman .....Ann Arbor  
H. W. Plaggemeyer .....Detroit  
A. E. West .....Kalamazoo

#### TUBERCULOSIS.

V. C. Vaughan, Jr., Chairman .....Detroit  
A. F. Fischer .....Hancock  
H. M. Rich .....Detroit  
J. D. Brook .....Grandville  
A. H. Rockwell .....Kalamazoo  
J. T. Pritchard .....Battle Creek  
A. M. Williams .....Alpena

#### PUBLIC HEALTH EDUCATION.

John L. Burkhart, Chairman .....Lansing  
Guy L. Kiefer .....Detroit  
Frances Rutherford .....Grand Rapids  
Edw. Goodwin .....Bay City  
Carl F. Moll .....Kenton

#### COMMITTEE ON CIVIC AND INDUSTRIAL RELATION.

Frank B. Walker, Chairman.....Detroit  
R. Peterson, .....Ann Arbor  
W. R. Parker .....Detroit  
L. S. Ramsdell .....Manistee  
J. G. Manwaring .....Flint  
W. D. Barrett .....Detroit  
P. D. Bourland .....Lake Linden  
C. B. Stockwell .....Port Huron  
W. K. West .....Painesdale  
F. C. Kinsey .....Grand Rapids

#### SECTION OFFICERS.

The following officers were elected to serve on the several sections on which vacancies occurred:

#### GENERAL MEDICINE.

Myron W. Clift Chairman.....Flint

#### SURGERY.

A. W. Blain, Chairman .....Detroit  
J. C. Andries, Secretary .....Detroit

#### OPHTHALMOLOGY AND OTO-LARYNGOLOGY.

Geo. H. Frothingham, Chairman ....Detroit

#### GYNECOLOGY AND OBSTETRICS.

H. W. Hewitt, Chairman .....Detroit



### Editorial Comments

We urge that every member carefully read the report and minutes of our Fifty-first Annual Meeting. The Committee Reports especially merit your thoughtful consideration.

The announcement of the death of Dr. John B. Murphy was the first intimation to many that he had been ill. It was known to many that the last year witnessed increased failing health and physical infirmity and that he was compelled to relinquish the duties of his clinic and professional activities. We are not authoritatively informed as to the exact cause of death but rumors announced aortic sclerosis complicated with renal involvement. Death occurred on August 11th at Mackinac Island where he had gone to escape the intense heat.

In the death of Dr. Murphy America's profession sustains the loss of one of the greatest didactic and clinical teachers. A man who was a peer in the development of modern surgery and who possessed the talent of causing his work, experience and results to exercise a constructive and elevating influence on the practice of surgery in America. While universally known as the deviser of the Murphy button, still his greatest recognition rested in his ability in the surgical treatment of bone lesions and the development of a technic for the restoration of function in ankylosed joints.

Energetic, aggressive, at times courting public attention, envied by many, criticised and condemned by some, still admired and respected by all who knew him, his death, while at the height of his career, occasions the loss of a man, doctor, and surgeon whose life's activity will exercise a wholesome influence throughout America.

All the papers that have been read at past meetings and that have been sent to the Editor have been published in *The Journal*. Any member who may have read a paper at a previous meeting and which has not appeared in *The Journal* is assured that his manuscript has never been sent to the Editor.

### Correspondence

August 21, 1916.

Mrs. J. B. Murphy, 2526 Calumet Ave.  
Chicago, Ill.

Dear Mrs. Murphy:

The Michigan State Medical Society assembled for its Fifty-First Annual Meeting on August 15, 16 and 17, were not unmindful of the loss that has

been sustained by the entire Medical and Surgical world by reason of the death of your honored and esteemed husband—Dr. John B. Murphy.

The Profession of Michigan had many reasons for indebtedness to him who had done so much for the profession in his neighboring state. Often has he honored us with his presence, inspired us with his teachings and rendered aid to us individually and collectively.

Expressive of the esteem in which he was held as an honorary member of our Society and an authority and leader in our profession I have been instructed, by a resolution introduced and passed during our Annual Meeting to convey to you the expression of sorrow and loss that the physicians of Michigan realize by reason of the death of Dr. Murphy. Also to convey to you that we are appreciative of the great loss that you have personally sustained. We would that the power were ours to assuage your grief and sorrow and that of your daughters.

We do express to you our sincerest condolences and declare that the memory of your illustrious husband will ever be cherished by us. Presenting to you our members' kindly greetings and esteem, I am,

Yours very truly,

F. C. WARNSHUIS, Secretary-Editor.

### State News Notes

Dr. Angus McLean, Dr. C. D. Brooks, Dr. R. R. Shurley and Dr. P. M. Hickey, with Miss Emily McLaughlin as chief nurse, have been chosen as the staff for the Detroit unit, in which Harper hospital will be center of the organization of one of twenty-five mobile-base hospitals, establishment of which, by the Red Cross, was announced Saturday.

The plan is to have each hospital a base to serve an army division in case of war. It is under the general direction of Colonel Jefferson R. Kean, of the United States army medical corps.

The staff of each base hospital consists of twenty-three physicians, two dental surgeons, a chaplain, fifty trained nurses, twenty volunteer nurses and fifteen civilian assistants. They will be able to accommodate about 500 patients.

The field equipment for each unit will cost about \$25,000 and in many cities this has already been raised but in Detroit the plea will be made to the general public in order to make the Harper hospital a decided success as a unit.

In case of war it is announced that the regular hospital corps of the Red Cross will be located at the base of each division, and will be prepared to render the best medical and surgical attendance.

The Seventh Annual Meeting of the American Association for Study and Prevention of Infant Mortality will be held in Milwaukee, October 19-21, 1916.

The subjects to be discussed include:

Governmental activities—Federal, State and Municipal—in relation to infant welfare.

Care available for mothers and babies in rural communities.

Standards for infant welfare nursing.

Morbidity and mortality in infancy from measles and pertussis.

Public school education for the prevention of infant mortality.

Vital and Social Statistics.

Dr. S. McC. Hamill, of Philadelphia, is president of the Association, and Dr. Wm. C. Woodward, of Washington, president-elect for 1917. Dr. George C. Ruhland, Health Commissioner, Milwaukee, is chairman of the Committee on Local Arrangements.

The sessions will be under the chairmanship of the following:

Obstetrics—Dr. A. B. Emmons, 2nd, Boston.

Propaganda—Mr. George R. Bedinger, Detroit.

Pediatrics—Dr. Borden Veeder, St. Louis.

Governmental Activities and Vital and Social Statistics—Dr. Wm. C. Woodward, Washington.

Public School Education for the Prevention of Infant Mortality—Prof. Abby L. Marlatt, Madison.

Rural Communities and Nursing and Social Work—Dr. Dorothy Reed Mendenhall, Madison.

The session on Pediatrics will be a joint one with the Milwaukee County Medical Society. The session on Governmental Activities will be a joint one with the Committee on Vital and Social Statistics, and the session on Rural Communities will be a joint one with the Committee on Nursing and Social Work.

Programs or other information in regard to the meeting can be secured from the Executive Secretary, 1211 Cathedral St., Baltimore, Maryland.

In honor of the fiftieth anniversary of its founding, the Battle Creek Sanitarium will have a notable celebration on October 3, 4 and 5. The program is rich in varied features, among which are a great banquet, receptions, athletic contests, industrial pageant, outdoor spectacle, re-union of former patients, and a series of conferences on sociological, eugenic, sanitary and medical subjects in which prominent speakers from all parts of the country will take part. A considerable attendance of physicians is expected.

The beginnings of the Sanitarium were sufficiently humble. A two-story frame house on a knoll in

the outskirts of an obscure village, two physicians and one patient, comprised the tangible portion of what was called the Western Health Reform Institute. But the true riches of the establishment lay in the ideas on which it was based. These included not only the "water cure" but diet reform, dress reform and other "simple life" measures for the physical welfare of man. These fifty years have seen as big a change in the methods of the Sanitarium as they have in its equipment of lands and buildings, yet those pioneers held the grain of the truth. In one sense, the present great enterprise, with its imposing display of architecture, its marvelous apparatus for accurate diagnosis and the healing of the sick, its corps of skilled physicians, trained nurses and hundreds of other employes, its fame, which has spread to the four corners of the world—is merely the outgrowth of that modest "house by the side of the road."

After a decade of moderate success, the institution came under its present management. New policies, new methods and new principles were introduced. The old time "water cure," which was a rub-of-thumb affair, was replaced by rational hydrotherapy. The newest developments of medical science, both as to methods of mechanism, were gradually added in the effort to create an institution that should show in practical operation all the resources of physiologic medicine. At the same time, stress was laid on supplying all the comforts of a home and a hotel, in addition to facilities for the administration of baths of every description, electricity in its different forms, medical gymnastics and other rational agencies, with careful regulation of diet.

Steady growth led to successive enlargement of the accommodations. In 1902, a fire destroyed the main building and hospital. In planning the present magnificent structure, advantage was taken not only of the experience gained in the conduct of this institution but of similar enterprises and hospitals in this country and in Europe. The main structure is 550 feet long, fifty feet wide and six stories high. There are three extensions in the rear. To make the place entirely fire proof, wood was eliminated every where save in the doors and window cases. A ventilating system supplies 150,000 cubic feet of fresh air per minute. The cost of the building and its equipment has been nearly two million dollars. An annex purchased five years ago has rooms for from 250 to 300 persons, and in addition there are several large dormitories and numerous cottages for patients and employes. At present, there are about 1,000 guests, including those not receiving regular medical attention, while a force of about 1,700 persons is employed to care for them. This fact gives a striking proof of the elaborateness and

complexity of the care bestowed on the sick in a modern Sanitarium.

Last year a new surgical hospital was opened, embodying the latest and most scientific ideas in construction and equipment.

Being purely a charitable institution, and having no dividends to pay, the Sanitarium is able to make liberal expenditures for the indigent sick. In one recent year these amounted to over \$150,000, and the total sum for the half century has been over \$1,400,000. The total number of patients to date is over 104,000; this excluding guests not under a physician's care. At the present time, the patronage is far in excess of that of any previous time.

During the automobile rides provided by the Houghton profession two narrow escapes occurred. One machine in which Dr. H. M. Rich of Detroit was riding was struck by an engine and badly damaged, its occupants escaped uninjured. The other automobile driven by Dr. Dodge of Houghton and containing Drs. Peterson, Vandenburg and Smith was run into by another car. Baring a few bruises the occupants were uninjured. We are indeed grateful that the outcome of these accidents was so fortunate.

Among those who drove to Houghton and enjoyed the delightful automobile ride were Drs. J. W. DuBois, Grand Rapids; Dr. J. D. Brook, Grandville; Dr. J. H. Kellogg, Battle Creek; Dr. A. J. Baker, Grand Rapids; Dr. C. E. Boys, Kalamazoo; Dr. C. B. Fulkerson, Kalamazoo; Dr. G. L. LeFevre, Muskegon and Dr. W. T. Dodge, Big Rapids.

The Houghton Meeting was the first in the history of the organization that the House of Delegates was not in receipt of several invitations from localities seeking the next meeting. The Council was designated to receive invitations and determine the place for the holding of our Fifty-Second Annual Meeting.

The following Detroit physicians attended the Military Camp at Plattsburg: Drs. Geo. Fay, H. N. Torrey, T. A. McGraw, L. J. Hirschman, C. F. Kuhn, B. R. Shurley, Walter Vaughan, P. F. Morse, and James Inches.

Mr. J. Chalmers Montgomery of Coldwater, who is a Senior Medic of Johns Hopkins University is doing research work at the Michigan Home and Training School, Lapeer.

The State Board of Health and the State Board of Registration in Medicine transacted such business as came before them during the Houghton Meeting.

Dr. Carry Pratt McCord, Medical Director of the Research Department of the Michigan Home and Training School, Lapeer has been called to the front along the Mexican border.

Don't forget our advertisers. Their continued patronage should merit your continued appreciation and the giving them of your orders.

The Clinical Congress of Surgeons of North America will be held in Philadelphia the week of October 23.

After a prolonged illness, Agnes MacLennan Dodge, wife of Dr. W. T. Dodge, of Big Rapids, died on July 24, 1916 at her home.

Members are urged to send in news notes and items of interest.

Dr. R. A. Tearman of Munising is now located in Marquette.

Dr. Chas. F. Lynch of Chicago has been appointed full time health officer for Lansing.

FOR SALE—About Five Thousand Cash Practice, in progressive City of Three Thousand, County Seat, on Lake Huron and Dixey Highway. Ideal yachting, deer hunting and trout fishing in County. Beautiful Climate, many tourists, appointments to right man. Five Hundred Cash buys Five Room Office outfit, drugs, chemicals, good will, introduction. Established ten years. Moving to city. Good place to make money and save money and enjoy life as well. Address "DOCTOR" 137 Fitzhugh Ave., Grand Rapids, Mich.

## County Society News

### BENZIE COUNTY

The Benzie County Medical Society met at Mills Cottage, Benzonia, the girls dormitory of Benzonia Academy, which had been opened for the summer months for the accommodation of tourists.

The wives all came and a seven course dinner was enjoyed by all as the first thing on the program after which the ladies retired and the regular program was proceeded with.

The next meeting will be accompanied by a picnic dinner given by the ladies.

E. J. C. ELLIS, Secretary.

### BRANCH COUNTY

The fourth annual picnic of the Branch County Medical Society, was held at Morrison Lake, July



18, 1916, and a most enjoyable time was had. Dr. S. Schultz opened his spacious cottage for the benefit of physicians and their families, and the wide verandas, fanned by cool breezes from off the lake, furnished a delightful place for spreading the well laden tables.

Stanley E. Weage—Branch County's popular young attorney, gave an address upon "The Doctor and the Law." It was a very able effort, detailing the legal relation and responsibility the physician holds toward his patient and the community, how such responsibility must be maintained, and how it must end, to keep within the statute. At the close of his address, Mr. Weage courteously answered many questions asked by the physicians, giving much light upon this important subject.

Dr. D. H. Wood, president of the society, opened the exercises with brief remarks, appreciative of the honor of his office. The doctor stated that "political honors to the physician were usually empty ones, seldom ever elevating one in his profession, for as such honors advance, his professional influence recedes, but honors accumulating in the line of one's life work are constantly enduring."

Branch County's annual picnic, like her annual banquet, has become a fixed affair, and is looked forward to each year with added interest and enthusiasm. There were about fifty present.

W. H. BALDWIN, Secretary.

### EATON COUNTY

The Eaton County Medical Society held the third regular meeting Thursday May 25 at the Hospital, Charlotte, Mich.

#### "Dermatological Clinic"

Robert H. C. Wollenberg, M.D., Detroit.

About twenty case being brought in by members for diagnosis.

The Eaton County Medical Society held the fourth regular meeting at Pine Lake, near Olivet Thursday, July 27. A basket dinner was served at noon by the wives and friends of the Doctors, about seventy-five being present.

In the P. M. the doctors were entertained at the home of Dr. Quick in Olivet, where they listened to a very interesting paper by Dr. R. C. Stone of Battle Creek on "Bone Surgery." Dr. A. W. Crane of Kalamazoo gave X-ray demonstrations by lantern slides of "Bone Surgery," and Dr. C. E. Boys also of Kalamazoo showed some very interesting plates of "Hip Surgery." Discussions were opened by Drs. Stimson and Blanchard of Eaton Rapids and Dr. Newark of Charlotte. Every one left, feeling they had profited greatly by the splendid pro-

gram, while the ladies enjoyed a day's recreation at the lake.

The next meeting will be held Sept. 21 at Eaton Rapids.

### GRAND TRAVERSE-LEELANAU COUNTY

The meeting of the Grand Traverse-Leelanau County Medical Society was held at Suttons Bay on Tuesday evening, August 1. A banquet was held at Suttons Bay Hotel, after which the party met at the opera hall. A well prepared paper entitled, "The Profession of Medicine, Retrospective, Introspective, and Perspective," was read by Dr. W. M. Payne. After the reading of the paper, a general discussion followed. A vote of thanks was extended to Dr. Payne.

W. D. MUELLER, Secretary.

### GRATIOT-ISABELLA-CLARE COUNTY

The July meeting of the Gratiot-Isabella-Clare County Medical Society was held in the Park House at St. Louis, July 20. Ten members and two invited guests, Drs. N. F. McClinton and J. W. McMeekin of Saginaw were present. The minutes of the previous meeting were read and approved. A communication was read relative to a military training camp for physicians, also one relating to a tuberculosis day.

Dr. McClinton then read his paper on Tuberculosis of the Kidney and Bladder. This was discussed by Drs. C. B. Gardner, I. N. Brainerd and J. W. McMeekin.

Dr. McMeekin then gave a very interesting talk illustrated with plates of the modern treatment of fractures. Those who were not present certainly missed a treat for the Doctor spent over two hours showing plates of bad fractures, and bad treatment of ordinary fractures. His exhibit of cases over which malpractice suits have come was very enlightening. Altogether it was a very interesting and profitable meeting. Our only regret is the attendance was small. Both doctors were given a vote of thanks.

E. M. HIGHFIELD, Secretary.

### LAPEER COUNTY

The Lapeer County Medical Society held their annual picnic meeting at Lake Pleasant on Tuesday, Aug. 9, 1916. It proved to be a very profitable meeting in every way and especially in way of "eats" which was furnished by the Ladies Aid Society of one of the churches close by.

Forty-two places were filled although the most of them were families of the doctors as the members

themselves did not give as good a turn out as we expected from some unknown cause. The meal proved too much for a few of those present as they were unable to put much enthusiasm into the meeting in the way of discussions of papers, etc.

We were greatly honored by having with us Dr. Warnshuis who read a paper on 1000 Cases of Industrial Accidents which gave us many helpful hints as to the proper care of injuries. Also Dr. Fredrich A. Reye of Detroit gave a very interesting talk on Mental Conflicts which was a talk that will be remembered by all those present.

The absence of many of the members proved quite a disappointment to those that were present and the ones who are trying to make the meetings as much of a success as possible by at least making an effort to get to a few of the meetings each year. It does not do justice to the out of town speakers to only have eight or ten members present and does not speak well for the Society. Our next meeting will be at North Branch on the 12th of September and it is to be hoped we will have a good turn out.

J. H. DOUGLASS, Secretary.

The Lapeer County Medical Society met at the Michigan Home and Training School, Lapeer, on Tuesday, July 11, 1916.

A good turn out of the members made the meeting of much more interest than heretofore and should make those that could not be present, feel as though they had really missed a meeting of great importance. A fine dinner was given by Dr. Haynes of the "Home" and as the day was extremely hot it was decided to have it on the lawn which proved to be a complete success in every way.

Dr. L. J. Hirschman, and Dr. A. P. Biddle of Detroit were our guests for the day, the former giving a talk on the Rational Treatment of Rectal Fistulae together with lantern slide demonstrations while Dr. Biddle gave us a very instructive Clinic on Skin Diseases.

Both of these subjects were fully discussed and proved to be of much benefit to each of the members. Dr. Haynes hospitality together with the help of his assistants made the day a very enjoyable one and one that will be remembered as a record meeting of the year.

Our meetings this year seem to be accomplishing more than they ever have before in every way, but more especially in getting out the members to the meetings. However, there is still chance for improvement along that line and it is to be hoped that all will be present at the picnic meeting which will be held next month at Lake Pleasant.

We have been quite fortunate in getting good speakers for each of our meetings, and if we expect

to get these men it is our duty to support them by having a full attendance at each meeting and have a good discussion for each subject.

J. H. DOUGLASS, Secretary.

### MARQUETTE-ALGER COUNTY

Meeting of the Marquette-Alger County Medical Society was held at Marquette County's Tuberculosis Sanitarium at Morgan Heights in the afternoon of July 26. The attendance at this meeting was twenty-three members, more than half of our total membership. It was a joint meeting of the Medical Society, Marquette County Board of Supervisors, and the Doctors and Nurses conducting the State Tuberculosis Survey.

There were three speakers on the program. The first speaker was Mr. D. W. Powell, Chairman of the Board of Supervisors and Chairman of the Morgan Heights Sanitarium Committee. Mr. Powell spoke a few words of welcome and told what they were trying to accomplish at the local sanitarium.

Dr. Vanderslice gave an outline of the plan of work and purpose of the State Tuberculosis Survey.

The principal address was made by Dr. V. C. Vaughan, Jr. who took up the general subject of Tuberculosis and dealt with it in a thorough manner. His remarks were well worth the attention given them and I doubt if he ever has spoken to a more appreciative audience.

A clinical case of acromegalia was presented by Dr. F. McD. Harkin. The special features of the case were verbally reviewed and demonstrated upon the patient.

A microscopical section taken from a sarcoma of the spermatic cord was exhibited by Dr. A. W. Hornbogen.

Lunch was furnished by the Sanitarium and served by the nurses, assisted by lady friends.

H. T. CARRIEL, Secretary.

### SANILAC COUNTY

Over seventy doctors and their wives from Huron, St. Clair, Lapeer and Sanilac County Medical Societies spent an enjoyable time at the shore of Lake Huron Tuesday afternoon, July 18, at Lexington. The three former counties were the guests of the Sanilac Association on that day. The dinner was served by the ladies of Lexington. Papers were read by Drs. Hackett, Hirschman and Gleason of Detroit, followed by discussions of different topics of interest. It was one of the best social and business meetings of its kind ever held in the Thumb.

J. W. SCOTT, Secretary.

## Book Reviews

**DISEASES OF THE SKIN.** Richard L. Sutton, M.D. Prof. of Diseases of the Skin. University School of Medicine. Cloth, 897 pps. Six hundred ninety-three illustrations; 8 colored plates. C. V. Mosby Co., St. Louis, Mo. Price \$6.50.

A careful perusal of this volume promptly impresses one with its extraordinary worth. It is the outgrowth of the author's experience and study and records a successful effort to present the practitioner with a concise and comprehensive text of the entire subject of dermatology. The symptomatology, diagnosis and treatment of the various disorders are presented clearly and effectively. The practitioner will find effective and practical outlines of treatment that excel many other texts. In fact, the comprehensive discussion of treatment of given conditions causes this work to become of exceptional value. This feature will evoke appreciation from every owner because of the help and suggestions that he will find. This book is one that is bound to be met with universal appreciation.

**CEREBELLAR ABSCESS.** Its etiology, pathology, diagnosis and treatment, including anatomy and physiology of the cerebellum by Isidore Friesner, M.D., and Alfred Braun, M.D., F.A.C.S. Ten full plates, 16 illustrations. Cloth, 185 pages. Price \$2.50. Paul B. Hoeber, Publisher, New York.

This work is opportune and timely because it imparts the recent advances in our knowledge of cerebellar physiology, methods of diagnosis and the relation between the cerebellum and the static labyrinth. The combined efforts of the authors has resulted in an excellent presentation of the subject. The book consequently is one of intrinsic value.

**SKIN CANCER.** Henry H. Hazen, A.B., M.D. Prof. of Dermatology, Georgetown University. Cloth, 249 pps. Ninety-seven illustrations. C. V. Mosby Company, St. Louis, Mo.

This volume contains the latest views on malignant tumors of the skin and imparts the author's personal experience and clinical studies. The presentation is scientific and practical. It is the only recent monograph on the subject. In view of the importance of this disease and its wide prevalence this work is especially opportune. We mention the accurate pathology imparted and its employment in arriving at a correct diagnosis as but one of the excellent features. Treatment is not neglected but is concisely set forth on a basis of effectiveness.

**DISEASES OF THE DIGESTIVE TRACT AND THEIR TREATMENT.** A. Everett Austin, A.M., M.D., Assistant Professor of Clinical Medicine, Tuft's Medical College. Cloth, 549 pps. Eighty-five illustrations and ten color plates. C. V. Mosby Company, St. Louis, Mo. Price \$5.50.

The author has accomplished his purpose of putting into pleasing form that which is known of the subject discussed. He has followed the didactic

plan and presents a complete picture of each condition. Incidentally one is impressed with the method of correlating etiology and symptomatology and the extra-gastro-intestinal causes of conditions referred to the gastro-intestinal tract. Methods of diagnosis and treatment are understandingly presented and enhance the value of the text. Clear illustrations and radiographic records increase the interest and value. All in all the entire volume is bound to be of value and assistance to every purchaser.

**A TEXT-BOOK OF PATHOLOGY.** By William G. MacCallum, M.D., Professor of Pathology in the College of Physicians and Surgeons, Columbia University, New York City. Octavo volume of 1085 pages with 575 original illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$7.50 net.

This new work presents pathology from an entirely new angle. It considers pathology on the principle that practically every pathologic condition is the direct or indirect effect of an injury; that is, the direct effect or the immediate or remote reaction of the tissues. Tumors alone cannot be brought under this category.

In a word this book presents pathology on the basis of etiology. The treatment of the subject is not limited to anatomic and morphologic descriptions, but functional disturbances are discussed as well as those of a chemical character. Even symptoms are described. The entire book is based upon the study of material. It is in fact a text that is bound to find favor with the clinician and is a most refreshing addition to our literature.

**PRACTICAL MASSAGE AND CORRECTIVE EXERCISES** by Hartvig Nissen. Cloth 211 pages, 68 illustrations. Price \$1.50. F. A. Davis Company, Philadelphia.

A valuable manual of corrective exercises based on the author's forty years of experience, practice and teaching. The methods employed and found most useful are "movements" and "manipulations." The manual will enable the physician to prescribe effective exercises for his patients.

**MENTALLY DEFICIENT CHILDREN, THEIR TREATMENT AND TRAINING.** By G. E. Shuttleworth, B.A., M.D., and W. A. Potts, M.A., M.D., Fourth Edition, Cloth, 284 pages, illustrated. Price \$2.50. P. Blakiston Son & Co., Philadelphia.

A most dependable and instructive presentation of the subject. It merits careful study and re-reading.

**VENESECTION.** A brief summary of the Practical Value of Venesection in Disease. For Students and Practitioners. Walton Forest Dutton, M.D., Cloth, 220 pages, illustrated. Price \$2.50. F. A. Davis Co., Philadelphia.

The author discusses the value of venesection in various diseased conditions and points out its value as a scientific procedure in certain diseases. The



author's enthusiasm is apparent and in his illustrative cases he ascribes the successful outcome to the employment of venesection although he administered therapeutic remedies. It is an interesting presentation of the subject but one hesitates to commend the author's plan of treatment in the many conditions enumerated.

**A TEXT BOOK OF PRACTICAL GYNECOLOGY.** For Practitioners and Students. D. Tod Gillman, M.D. and Earl M. Gillman, M.D. Fifth Revised Edition. Cloth, 661 pages, 352 engravings, 13 full page half-tone plates. Price \$5.00. F. A. Davis Company, Philadelphia.

This is a plain and practical book for the student and practitioner that in fifty chapters covers the essentials of Gynecology. It is authoritative in every detail. The text is amply illustrated with excellent cuts that emphasize the important facts. In this revision the author has brought the text up to date. It will be found a most satisfactory reference volume, a valuable guide and a practical presentation of present day gynecological knowledge and treatment.

**INFECTIONS OF THE HAND.** A guide to the Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm. Allen B. Kanavel, M.D., Assistant Professor of Surgery, Northwestern University Medical School. Third Revised Edition with 161 Engravings. Cloth, 499 pps. Lea and Febiger, Philadelphia.

This valuable text book should be referred to and studied by every practitioner and especially by the doctor who is called upon to care for industrial injuries. The author has imparted a scientific and anatomical technic of treatment that will, if observed, minimize the loss of members, prolongation of disability, permanent deformity and extension of the infective process. This third edition contains all the value of the previous editions and in addition two chapters on "Relation of Acute Infective Processes to Industrial Pursuits" and "Plastic Procedures Instituted for the Correction of Deformities."

**RULES FOR RECOVERY FROM TUBERCULOSIS.** A Layman's Handbook of Treatment by Lawrason Brown, M.D. Second Edition, Cloth, 185 pages. Lea & Febiger, Publishers.

This is a most excellent manual, filled with the knowledge that should be possessed by every patient. It tells the readers how and in what way he may co-operate in producing a recovery from his ailment. Further it is filled with dependable rules and instructions. Physicians will do well to recommend every one of their tuberculous patients to secure this book. It is a distinct adjuvant to your treatment.

**ULTRA-VIOLET LIGHT,** by means of the Alpine Sun Lamp. Treatment and Indications. Hugo Bach, M.D. Saxony, Germany. Cloth, 114 pages. Price \$1.00. Paul B. Hoeber, New York, Publisher.

The use of the Alpine Sun Lamp has secured a place in medicine. This book imparts a comprehensive description of its development and effectiveness and gives the indications and technic of employment. As such it supplies a want in imparting dependable information.

**THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.** Practical Points for Students and Practitioners. E. M. Brockbank, M.D., F.R.C.P. Clinical Lecturer, Diseases of the Heart, University of Manchester. Second Edition. Cloth, 120 pages. Paul B. Hoeber, 67 59th St., New York. Price \$1.25.

This convenient pocket manual is an excellent clinical reference and guide in cardiac auscultation. It will enable the practitioner who follows the outline and plan set forth to reach more accurate conclusion when making physical examinations of the heart.

### Miscellany

**Proper Self-Medication.**—In the course of his testimony in the "Cardui" trial, John Leeming, M.D., Chicago, explained the extent to which self-medication is to be encouraged. Asked if it was very dangerous for a person who thinks he has a cold to take some aspirin without going to a doctor, he replied that, while in exceptional cases it might be exceedingly dangerous, in most cases of simple cold it would not be so in that nature's recuperative powers would in most cases throw off such a cold. He explained that he always advises his patients how to treat themselves for simple ailments and to come to him when there are danger signs. Asked if it was dangerous for a person with a cough to get any medicine without a diagnosis, Dr. Leeming replied that it would not be dangerous at all if the person understood his case and in consultation with his doctor he has been generally advised. In families where he is the attending physician he often advises not to send for him in case of a slight cold, but to take a little medicine that will help nature to throw it off (*Jour. A.M.A.*, April 22, 1916, p. 1330).

**Viburnum Prunifolium Inefficient.**—J. Clarence Webster, holding the Chair of Obstetrics and Diseases of Women in Rush Medical College, testified in the "Wine of Cardui" case that he gave up the use of fluidextract of viburnum prunifolium because he believed that the benefit that he obtained from its use in pain in association with menstruation, was due to the alcohol in it. He had never had any reason whatever to believe that viburnum was of any value in warding off a threatened abortion. When in cases of painful menstruation he used the solid extract which contained no alcohol, he could not get the same results that he had obtained before and he gradually gave up the use of the drug altogether. Arthur A. Small, senior physician at St. Joseph's Hospital, Chicago, testified of extensive experience with the use of viburnum prunifolium, while resident physician in the Toronto General Hospital. As a result of his experience there he is of the opinion that viburnum prunifolium is of no value in the treatment of female disease. In these experiments both the fluidextract and the solid extract were used and it was found that the alcoholic solutions would prevent or lessen pain in some cases. In other words the only action was that of the alcohol. J. B. DeLee, holding the chair of Obstetrics at the Northwestern University School of Medicine, testified that years ago he gave large quantities of extractum viburnum prunifolium for the prevention of miscarriage, but found it useless (*Jour. A.M.A.*, April 22, 1916, p. 1338; May 13, 1916, p. 1566; May 20, 1916, p. 1639).